

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISIONName: McCollum, Bruce
TDCJ No.: 1100538
Unit: SV

Date & Time	Notes
1-26-03 @ 1530 NSG: Seen in CM cell - 5 g/s of distress noted. Seen in cell lying on bunk. Will monitor. — <u>Quarantine</u>	
1-26-03 2200 Seen in CM Cell has shortness of breath, paper gown torn said his shoulders are too wide for it, has a blanket, NAD further	
1/27.03 Initial 9m Note (S) "I don't have any problems" (D) Pt denies suicidal thoughts/intent. Denies documentation of bizarre behavior. No signs of psychiatric distress. (D) 296.3 history (P) May have 9m materials. — <u>Quarantine SP</u>	
1-27-03 NSG: Seen in CM cell. Voice N/C. No distress. 2230 Will monitor. — <u>Quarantine</u>	
1/28.03 0945 9m Note (S) "I'm OK" (D) Pt denies any suicidal thoughts/intent. Asymptomatic of psychiatric distress, no signs of mental decompensation. Reports compliant to medication = negative S.D. effects. (A) 296.3 (P) If no change after no A tomorrow. — <u>Quarantine SP</u>	
1-28-03 NSG: Seen on CM round p/c 1430 voiced. Will monitor <u>Quarantine</u>	
1-28-03 NSG: Remains in CM cell, quiet & 2355 N/C <u>Quarantine</u>	
1-29-03 0700 No complaints, cooperative w/s, neds. <u>Quarantine</u>	

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISIONName: McCollum, Laco
TDCJ No.: 1105538
Unit: BY

Date & Time	Notes
10/23/03 12:00	RJG. Admission Note to Sky View Custodial Management, This 50 yr old white male admitted ambulatory from Buster Callahan, Due to Reactive behavior. Plus a lot excited x5, Pt denies all reasons for sending him back to SV. Pt was discharged on 10/15/03 Plus electrocuted x3. Pt denies placing face in plating. Didn't have any problems. and didn't have any problems. NKDA. 3012 R101 R20, BP 124/74, Pt is on Sustacaine 160mg qam. Zopiclone 75mg. Pt has given reason for admission. Can't read to access medical file. Pt illegal 10/24/03 c 1240 His. showed pt 2 pink chips, Color good. Report no id and ill for day. No others. No medical problems.
10/25/03 0700	No complaints. cooperative vs + needs Cont cm. Mallouet
10/25/03 1200	Seen in CM (see direct NAD Kurtis Rn)

Please sign each entry with status.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES
ABNORMAL INVOLUNTARY MOVEMENT SCALE

NAME McCallum, Lacey
TDCJ # 1105532

Complete examination procedure outlined in the instructions before making rating. Rate highest severity observed. Movements occurring upon activation rate one less than those occurring spontaneously.

0 = None 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe

1. Muscles of facial expression e.g. movements of forehead, eyebrows, preorbital area, cheeks, include frowning, blushing, smiling, grimacing	0	0	0								
2. Lips and perioral area e.g. puckering, pouting, smacking	0	0	0								
3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement	0	0	0								
4. Tongue Rate only increase in movement both in and out of mouth, not inability to sustain movement	0	0	0								
5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous); athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e., repetitive, regular, rhythmic).	0	0	0								
6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion & eversion of foot	0	0	0								
7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0	0	0								
8. Severity of abnormal movements	0	0	0								
9. Incapacitation due to abnormal movements	0	0	0								
10. Patient's awareness of abnormal movements Rate only patient's report: No awareness=0 Aware, no distress=1 Aware, mild distress=2 Aware, moderate distress=3 Aware, severe distress=4	0	0	0								
11. Current problems with teeth &/or dentures? No=0 Yes=1	0	0	0								
12. Does patient usually wear dentures? No=0 Yes=1	0	0	0								

Comments:

DATE: 11/15/03
SIGNATURE: McCallum, Lacey

CRISIS MANAGEMENT AND D & E
REFERRAL INFORMATION

2-10:

DATE: 01/24 TIME: 1640 EXT: _____ UNIT OF ASSIGNMENT: 345th B/Cole

NAME: McCollum, Larry TDCJ #: 1105538 CUSTODY LEVEL: _____

REFERRED BY: Joe Hime RN ACCEPTED BY: Burton mito MR

REFERRED TO: CRISIS MANAGEMENT X D&E _____ COURT COMMITMENT _____

AXIS I DIAGNOSIS: _____

REASON FOR REFERRAL: 1/9/10 going away property - mailing
mooser - general deterioration N/O plan

MEDICATIONS: _____

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: M. S. Collier, AKA
TDCJ No: #110553Y
Unit: C

Date & Time	Notes
1/24/03 1630	On this date this MHL called the on-call psychiatrist. He stated that Skyview would accept him for detoxifying psych. behaviors. All information is forwarded to the physician & hospital. Mr. McCollopy is sent to Skyview for bizarre behavior, splashy in the commodes and detoxifying on his H/H. His hygiene is also poor. <u>John J. Dangler, MEd, SWA, MHC</u>

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISIONName: MC Collum, ARRGTDCJ No.: # 1105538

Unit: _____

Date & Time	Notes
1/29/03 1440	<p>⑤ Saw MR. MC Collum per security. They said he has cuts on fingers which he does. He rambles on about nonfactual things. He states he's not hearing voices and is not delusional. He has good eye contact. ⑥ MR. MC Collum is a 49 year old white male who is incarcerated for 20 mos for theft. He presents w/ a manic/polythropic affect. He seems to have rapid thoughts where he changes from one subject to another. He says he has been getting rid of "contraband" such as paper & other items. He reports no current problems. He said he's cleaning his locker out to get things cleaned out. Dr. Burleson talked to him & MR. MC Collum states he won't take anything else out of his locker. He reports problems w/ his bowels. ⑦ MAJOR DEPRESSION ⑧ Follow up per _____ Tim Dornoff, M.Ed, SCIA, MTC</p>

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

NAME: MC Collum, JARLY
 TDCJ NO.: 1105538
 UNIT: BUSTER COLE STATE JAIL

DATE/TIME	MENTAL HEALTH REVIEW OF TRANSFER SCREENING
1/20/03 S)	Offender arrived this date from:
1100	<input type="checkbox"/> Psychiatric inpatient/crisis management facility <input checked="" type="checkbox"/> <u>B1</u> (TDCJ facility name)
O)	Review of medical record indicates:
	<input type="checkbox"/> No current or past mental health treatment; no current mental health complaints; no current or past suicidal ideations or attempts
	<input checked="" type="checkbox"/> Current mental health treatment
	<input type="checkbox"/> History of mental health treatment
	<input type="checkbox"/> History of suicide attempts/gestures
	<input type="checkbox"/> Current suicidal ideation
	<input type="checkbox"/> Poor hygiene, disorientation, inappropriate behavior and/or thought process
A)	Assessment:
	<input type="checkbox"/> No apparent mental health needs at this time
	<input checked="" type="checkbox"/> Possible mental health needs, non-urgent
	<input type="checkbox"/> Possible mental health needs, urgent
	<input type="checkbox"/> Current prescription for psychotropic medications
P)	Disposition:
	<input type="checkbox"/> Continue routine in-processing
	<input checked="" type="checkbox"/> Schedule for routine mental health assessment (within 7 days) <i>1-24-03 2816</i>
	<input type="checkbox"/> Schedule for immediate mental health assessment
	<input type="checkbox"/> Schedule for psychiatrist/MLP (within 3 working days)
	<i>Tim Dorsett, MHL</i> Tim Dorsett, MHL

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1075

CLINIC NOTES

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

Name: MC Collamy, Akly
TDCJ No: 110553Y
Unit: CC

Date & Time	Notes
1/24/03 (S) 0950	<p>(S) Saw MR. McCollum per a security referral.</p> <p>He says he's "doing better". The security was worried about him. He says he He was venting some anger. He said he's ok now. He said he didn't do anything to the Comode. He says he's "fine". He states he has hope for the future. (O) MR. McCollum is a 49 year old white male who is incarcerated for 20 mos. for theft. He presents w/ a euthymic affect. He is a little guarded about the 'Toilet incident'. He is looking forward to seeing his family. He has fair hygiene. He is lucid & fully oriented X4. "I just need to humble myself". He reports eating well & sleeping well. (E) Major Depression (D) Refer to Dr. Rodriguez on 1/29/03 — Tim & Dorothy M. Esq. sum, MTC</p>

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

me: McCollum, Kace

TDCJ No.: 1105538

Unit: SV

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1077

TEXAS DEPARTMENT OF
MENTAL HEALTH
ABNORMAL INVOLUNTARY MOVEMENTSATTORNEY
ES
VT SCALE

NAME

TDCI #

McCallum, Barry G.

110 5538

Complete examination procedure outlined in the instructions before making rating. Rate highest severity observed. Movement occurring upon activation rate one less than those occurring spontaneously.

0 = None 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe

1. Muscles of facial expression

e.g. movements of forehead, eyebrows, preorbital area, cheeks, include
frowning, blushing, smiling, grimacing

1

2. Lips and perioral area

1

3. Jaw

e.g. biting, clenching, chewing, mouth opening, lateral movement

Tongue
jaw
flap

4. Tongue

Rate only increase in movement both in and out of mouth, not inability to sustain movement

1

5. Upper (arms, wrists, hands, fingers)

Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous); athetoid movements (i.e., slow, irregular, complex, stereotyped). DO NOT include tremor (i.e., rhythmic, regular, rhythmic).

1

6. Lower (legs, knees, ankles, toes)

e.g. lateral knee movement, foot tapping, heel dropping, foot scrunching, inversion & eversion of foot

1

7. Neck, shoulders, hips

e.g. rocking, swaying, squatting, pelvic gyrations

1

8. Severity of abnormal movements

Incapacitation due to abnormal movements

1

9. Patient's awareness of abnormal movements

R = No patient's report No awareness = 0; Aware, no distress = 1; Aware, mild distress = 2; Aware, moderate distress = 3; Aware, severe distress = 4

1

10. Current problems with teeth &/or dentures?

Now = 1

0

11. Does patient usually wear dentures?

Yes = 1

0

Comments:

DATE:

SIGNATURE:

Johnna L. C. 01/01/07

APPLICATIONS

2014/14/239, 1

EDC-400-10105533

NAME: MCCOLLUM, LARRY (LARRY)
ADDRESS: LOCATED: FORM 17
MURKIN, S.C.

DRUG	PRESCRIBER	START DT	EXP DATE	REFILLS	FINAL EXP
COLMAFT 100 MG CAPS X 30	BALTIMORE W	11/13/02	02/14/03	0	09/09/03
APPLY AS DIRECTED 2 XG DAILY XG 30 DAYS		KOP.			
MAPHENAC 500MG TABLET	CHAU MARIE	12/12/02	01/19/03	0	09/09/03
TAKE 1 TAB 2 TIMES DAILY FOR 30 DAYS					
MAPHENAC 500MG TABLET	BALTIMORE W	12/20/02	01/19/03	0	09/09/03
TAKE 1 TABS 2 TIMES DAILY FOR 30 DAYS					
ACETRALINE 500MG TABLET #	FORD JOHN S	12/30/02	01/20/03	0	03/22/03
TAKE 1 TAB EVERY DAY FOR 30 DAYS					
ACETOCILLIN 500MG TABLET NETHERY LEE HUA 01/06/03	01/14/03	0	09/09/03		
TAKE 1 TABLET X TABLET EVERY DAY FOR 7 DAYS					
ACI 100MG TABLET #	NETHERY LEE HUA 01/06/03	01/16/03	0	100/00/03	
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 5 DAYS					
ACI 100MG TABLET 250MG CAPSULE DUCATE SUZANNE 01/09/03	02/07/03	0	11/07/03		
TAKE 1 CAP DT 1200 X 50 (MAJOR DEPRESSION)					

CRISIS MANAGEMENT AND D & E

REFERRAL INFORMATION

302
1400DATE: 1/10/03 TIME: 0920 EXT: _____ UNIT OF ASSIGNMENT: CLNAME: McColum, Larry TDCJ #: 1105538 CUSTODY LEVEL: GPREFERRED BY: Dorsett ACCEPTED BY: KingREFERRED TO: CRISIS MANAGEMENT X D&E _____ COURT COMMITMENT _____AXIS I DIAGNOSIS: 296.34REASON FOR REFERRAL: Decompensated - Threatened SuicideMEDICATIONS: Paxil 75mg

UTMB MENTAL HEALTH SERVICES
CRISIS MANAGEMENT DISCHARGE SUMMARY

NAME <u>McCallum, Larry</u>	TDCJ # <u>1105538</u>	UNIT <u>SV</u>
# PRIOR C/M ADMISSIONS <u>0</u>	# PRIOR INPATIENT ADMISSIONS <u>0</u>	DATE OF LAST ADMISSION <u>4/1</u>
ADMISSION DATE <u>1/10/03</u>	UNIT OF ORIGIN <u>CL</u>	DISCHARGE DATE <u>1/15/03</u>

REASON FOR ADMISSION Suicidal ideations - Recently in two fights

PRESENTING SYMPTOMS & COURSE OF STAY Denied SI/HI on AP hallucinations / delusions.
Chief complaint is not hearing from his mother who is in a nursing
home in Waco.

CURRENT MENTAL STATUS & RISK ASSESSMENT Extravagin mood & congruent affect.
Spontaneous, organized, goal directed. Oxy, Insight/judgment fair.
Low risk for potentially lethal acts.

DIAGNOSTIC IMPRESSION	AXIS I <u>C96.36</u>
	AXIS II _____

RECOMMENDATIONS/PLAN:

- ADMIT TO INPATIENT CARE
- INITIATE/CONTINUE OUTPATIENT CARE (SPECIFY) _____
- OTHER (SPECIFY) Access to MHS Reinforced and encouraged
should be experience further problems.
- CONSULTATION WITH RECEIVING FACILITY MENTAL HEALTH OR MEDICAL STAFF CONDUCTED WITH
 (NAME) _____

Michael Stein MSW/RF
CRISIS MANAGEMENT PSYCHOTHERAPIST SIGNATURE

1/15/03
DATE

ADDITIONAL COMMENTS:

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mr. Collum, Larry
TDCJ No.: 1105538
Unit: SV

NRQA

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Harry G.
 TDCJ No.: 110 5538
 Unit: 5

~~McCollum NOA~~

Date & Time	Notes	
		49 w/m
cont 1-11-03 700	Cooperated w/s + meds. Cont (M. Mallorca)	
1-11-03 0800 Nsg:	Seen in cell 5 complaint, lying on bunk. Denied no self harm intent. Cont. eval. Skilled	
1-12-03 031000	No complaints - walked to Shower + cooperative w/staff - Cont con. Mallorca	
1-12-03 0400 Nsg:	Seen in cell lying on bunk. No distress noted. Cont. eval. Skilled	
1-12-03 072000 Nsg:	Seen in cell lying on bunk 5 complaint. Skilled	
1/13/03 0900	Initial C/m Note (S) "I don't think I could hurt anybody, even myself." Denied ST/HI on AP hallucinations. Related that he is eating & taking fluids now and his outlook has improved. ① Euthymic mood & congruent affect. Spontaneous, organized and goal directed. OX4. Insight/judgment fair. Reports frustration with situation and being separated from TDCJ. ④ 296.32 ① Cont. C/m w/ all materials & paper trays. Working ms/ep	
1/14-03 1300	C/m Note (S) "No problems" ① Dismissing suicidal thoughts/ intent. Presently asymptomatic of psychiatric distress and denies any mental derangement. God directed to return to NOA so he can communicate w/ family members. ④ 296.36 ① 2/1 NO change apc to NOA tomorrow. —— Commsk SP	

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCullum, Harry
 TDCJ No.: 110 5538
 Unit: SV

NKP.D.P.

Date & Time	Notes	49 W/m
01/10/03 1405-5VCM Visg Admit Note - Pt. arrived from B. Cell report via chain van for admit due to suicidal thought. Imbalanced to visit, cooperative & talkative. Pt. is A+Ox3, denies IV/IV halo. HT and states, "Well, I don't want to hurt myself." Does not believe notify staff if suicidal thoughts occur. Pt. reports few would had psych visit for depression. Appear angry & confused at times. Tongue has healed laceration on R side (oggi like) that he reports he rec'd in altercation last Sunday and still swollen yet on Tuesday. Appear healed, no bleeding or open flesh created on Tongue. Pt. reports "I'm stepped up from and going able to eat, I don't know what I can eat. Pt. has Neg HT MS, VS 120/88, 96 ⁵ , 122/18. Currently taking Norox 500mg by mouth and meds for tongue laceration is NKDA. No other physical obs reported or noted on exam. Reason for admission, Access to care while enst and SVCW protocol applied to pt. Verbal understanding of all teaching and review no questions or concerns at present.		

1/10/03 220 Visg Pt seen during nursing rounds & SE/HI noted. Pt report to
 pain / discomfort related

J. P. B.

1-11-03 NO COMPLAINTS - says toilet over flooded and
 (70) blanket is soaked & rolled up in the corner (70)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, LARRY
 TDCJ No.: # 110 5538
 Unit: CL

Date & Time	Notes
1/8/03 (s)	I-60 rec'd in medical on 1/7/03! I would like to know when my next app't. 11 - Send written response! Mr. McCollum You are scheduled to see the Doctor on 1/8/03. — Tim J. Dousset, MA
1/10/03 (s)	Saw Mr. McCollum per a referral from Captain BARKIN. He said he doesn't know if he has suicidal thoughts. He was in a fight on 1/5/03. He reports pain on his tongue. He said medical said he "might have pulled his stitches out. He is saying he wants to make a million dollars writing books while he's in prison. When asked if he forced himself not to hurt himself. He said he trusts himself not to hurt himself. He said he's heard the Lord call him. He is fully oriented but seems somewhat confused. He said the Lord told him he's a baby in that he's newborn. He said he last ate this a.m. (11 AM).
	McCollum is a 49 year old white male who is incarcerated for 20 months. For the most part, he is oriented to time, place, & but seems confused and says he's "Santa Claus". Disorganized. He said he had thoughts of drinking chemicals to hurt himself but says he won't. He says it's hard to deal w/ all this stuff. He has a Morse/ (psych) affect. This note is concerned about Mr. McCollum's mental status. (1) Major Depression (2) Refer to Stryker - Tim J. Dousset

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Barry
 IDCJ No.: 105538
 Unit: CL

Date & Time	Notes
11/1/02 11/10	I-60 rec'd. "I would like to make sure my ertantine is renewed at end of month." Reply: This med is good until 3/29/03. <i>See Dr. Rodriguez, pg 2</i>
12/1/02 0815	I-60 received in medical on 12/8/02! Check up w/ Psychologist Fr. - Call out 12/9/02 w/ Mitz - Tim Rodriguez Mitz
⑤	Saw MR. McCollum per his I-60 dated 12/9/02. He states he got a job change where he works in the kitchen. He reports he can't sleep nor eat good. He said this has been going on the last couple of months. He said recently he's feeling more afraid about his dad's death. He said he had a close relationship w/ his dad & worries what he will do for housing etc. He denies delusional behaviors etc. He hears from his brother & daughter some. He describes "shakly" & "scary/wandering thoughts". ⑥ MR. McCollum is a 49 year old white male who is incarcerated for 20 months for theft by check. He prefers w/c semi-fluoracet. He describes feeling depression & thinking a lot about his dead father. He is disheveled & ill-shaven. He reports various somatic complaints & concerns about his hand restrictions. He wants to see Dr. Rodriguez earlier. ⑦ Major depression ⑧ Refer to Dr. Rodriguez on 12/11/02. - Tim Rodriguez

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Plaintiffs' MSJ Appx. 1086

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
 IDCJ No.: 1105538
 Unit:

Date & Time	Notes
9/5/02 1-60 (cont'd)	I've been shaking & been really nervous lately!
0800	Schedule to see MAZ 9/6/02. - Tim S. Doyett, M.Ed., MAc
9/6/02	Saw Mr. McCollum per his F-60 dated 9/4/02.
1100	He says He's been having some involuntary shaking. He states He saw Dr. Ford on 9/5/02 and did get a med. Change. He reports He eats usually one to two meals a day. He reports poor sleep. He reports He thinks about his mother who is ill in a Nursing Home. He denies suicidal ideation. He says sometimes He feels like He doesn't want to be here. He states He thinks a lot about his dad's death. He states that his bible helps give him strength. He says his daughter will give birth soon & he's looking forward to seeing them. He has a grown boy & a girl. He says he hasn't heard from them in a long time.
①	Mr. McCollum is a 49 year old white male who is incarcerated for 20 months for theft by check. He presents w/ a semi-flat affect & flat. His hygiene is fair. Eye contact good. He denies any delusions. He reports the meds have helped his depression but the side effects annoying. He says that his bible "gives him strength." He is fully oriented & attends to the conversation w/ interviewer. ② Major Depression ① Follow up as needed.
	- Tim S. Doyett, M.Ed., MAc

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Gary
 TDCJ No.: 1105538
 Unit: CL

Date & Time	Notes
8/9/02 (cont.)	No S/S of psychosis. OX4, laughs a lot 1135 sleeps & doesn't get a lot. No problems in day- time. appetite is "pretty good." He is overweight, although he has lost about 30 lbs. He would likely be placed on a diet plan. (A) Major Depressi- AHA 8-22-02 Ford
	Recurrent, by hx. (P) Refer to Dr. Ford.
	R. D. Ford, M.D.
8/22/02 11:50 ^{AM}	Dr. Ford unable to see on this date due to security problem re-schedule on 9/5/02. - Tom Doyett, M.Ed, MHIC from Dr. Ford.
8/24/02 11:45 ^{AM}	I-60 rec'd. I've been having Shakes & been pretty nervous lately. - Will schedule appt. on 9/6/02.
9/6/02 0730	(S) Saw Mr. McCollum for his scheduled appt. per his I-60. He stated he sees a girl friend since thinking about his X-girl friend taking his child to Oklahoma. He said his girl friend's son was w/ a drug dealer in Ponca City, Oklahoma per his X's mother who wrote in 3 months ago. Female said this individual who ran off w/ children has been arrested for drugs. He said he has heard from his mother only twice since he's been locked up.

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Plaintiffs' MSJ Appx. 1088

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISIONName: MC Collum, Larry
DCJ No.: 1105538
Unit: Cote

Date & Time	Notes
8/7/02 1000	(cont) live w/ his daughter when he gets out. He said his Seroquel "does help him". (1)
8/22/02 1135	(1) Refer to Dr. Ford on 8/22/02 since his Seroquel expires 8/31/02 (2) Refer to Dr. Barkson for mental health assessment.
	— Tim J. Dooley, M.Ed., MH
8/9/02 1135	Initial Psych. Assessment. Risks & benefits of treatment discussed. Informed consent obtained. (3) Arrived on unit w/ current dx of Major Depression - occurred w/ rx for obesity. Tired in A.M. Notes he has no energy. (4) 49 year old white male here as 2nd m'th sentence for theft by check 71500. He had lost his Dad and brother & didn't much care what happened to him - so he wrote a bunch of hot checks. He is divorced & has one son & one daughter in Waco. He is not as close as he would like to be. He admits he is alcoholic. Started drinking after divorce in '83, says he sub- stituted gambling & sex when he wasn't drinking. Spent 30 days in rehab. No prior M.H. treatment. Started current regimen in June 2001, at MTHMR. No current suicidal ideation or hx. of attempts. Mood euthymic w/ broad affect (cont.)

Please sign each entry with status.

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
 DCJ No.: 1105538
 Unit: 6/e

Date & Time	Notes
8/7/02 10:00	<p>MR. McCollum is seen for fatigue on this date. He had been on meds for depression. He was using alcohol in the world - He used this as an escape to be released from the pain. He has first put on anti-depressants in June. He has also an Zoloft. He is currently on sertraline. It was prescribed by Dr. Reddy. He has never attempted suicide & is not suicidal now. He stays to himself & he reads a lot. He is on the utility squad. He reports his appetite is lessened. He eats some of every meal. He reports he gets 4-6 hrs. of sleep. He went through a divorce in '93. He describes it as a rough time. (①) Mr. McCollum is a 49 year old ^{over to} a Hot Check" year old white male who is incarcerated for "heat by using a hot check". He is serving 20 months. He presents w/ a semi-flat affect. He states moderate depression. He states he has things to look forward to such as classes on alcoholism. He wants a job in the world. He reports he was his father's care taker for years. He states he hasn't get out till Jan. '04. He reports he might (cont)</p>

Please sign each entry with status.

DCJ NO.: 110583Y

Jnt: Buster Cole State Jail

MENTAL HEALTH REVIEW OF TRANSFER SCREENING	
DATE/TIME	
8/1/12	S) Offender arrived this date from: <input type="checkbox"/> Psychiatric impatient/crisis management facility <input checked="" type="checkbox"/> TJS (TDCJ Facility name)
O:	Review of medical record indicates:
	<input type="checkbox"/> No current or past mental health treatment; no current mental health complaints; no current or past suicidal ideations or attempts
	<input checked="" type="checkbox"/> Current mental health treatment
	<input type="checkbox"/> History of mental health treatment.
	<input type="checkbox"/> History of suicide attempts/gestures
	<input type="checkbox"/> Current suicidal ideation
	<input type="checkbox"/> Poor hygiene, disorientation, inappropriate behavior and/or thought process
A:	Assessment:
	<input type="checkbox"/> No apparent mental health needs at this time
	<input checked="" type="checkbox"/> Possible mental health needs, non-urgent
	<input type="checkbox"/> Possible mental health needs, urgent
	<input type="checkbox"/> Current prescription for psychotropic medications
P:	Disposition
	<input type="checkbox"/> Continue routine in-processing
	<input checked="" type="checkbox"/> Schedule for routine mental health assessment (within 7 days)
	<input type="checkbox"/> Schedule for immediate mental health assessment
	<input type="checkbox"/> Schedule for psychiatrist/ MLP (within 3 working days)
	<i>8/7/12 MH/MS</i>
	<i>Gm 3/2012</i>
	Tim Dorsett, Mental Health Liaison

Initials _____ sign each entry with status.
SM-1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCallum, Larry
DCJ No.: 1105538
Unit: 147

PSY
oose Element

Date & Time	Notes
7-16-02 / 1520 / (S) 140 F.U. /	% has a hard time sleeping. States DDC sleep apnea @ a County Clinic in Waco, TX / Denies taking meds for this Currently taking Zoloft - 14/15 - / State getting meds O.K. / Denies suicidal or Homicidal @ this x.
(C) a/0 x 3 / mood euthymic / good w/u & contact speech wnl. / & abnormal body moves @ t/wx.	
(A) R/p wnl	
(P) sleep RN	J. McELROY Psychiatric Nurse

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Plaintiffs' MSJ Appx 1092

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

me : McCollum, Larry
JCJ No: 1105538
Unit: HUTCHINS STATE JAIL

Date & Time	NOTES
7/16/02 (1400)	<p>S: Offender seen for F/U psych testing. PAI administered.</p> <p>O: Offender was alert & expressed no difficulty with understanding the test item content. Results of the test were valid. The offender appeared to have answered in a forthright manner & did not attempt to present an unrealistic or inaccurate impression of himself. Test results pointed to the presence of both alcoholism & depression. This is an individual with a hx of drinking problems who is quite unhappy & pessimistic. His alcohol use has undoubtedly led to a number of adverse consequences, such as difficulties in interpersonal relationships, difficulties on the job, & possible health complications. He likely feels significant guilt about his life circumstances, & his depression & alcohol use may be related: the depression may be driving the alcohol use or it could be a consequence of the disruption associated with his alcohol use. Nevertheless, he appears alcohol-dependent, & he is probably quite pessimistic about his prospects for change or improvement. Test results also pointed to the presence of a significant depressive experience. This individual is probably plagued by thoughts of worthlessness, hopelessness, & personal failure. However, in terms of affect, the content of his report suggests only moderate feelings of sadness. This pattern suggests that he might not recognize symptoms of depression, or he may be repressing the experience of unhappiness to some extent. This individual also appears withdrawn & socially isolated. His level of social support is somewhat lower than the average adult. Although the offender denied suicidal thoughts in the interview, test results suggest that he may indeed be experiencing periodic & transient thoughts of self-harm. His potential to act out in this manner is increased by his lack of social support.</p> <p>A: Axis I: Depressive Disorder, NOS.</p> <p>Alcohol Dependence</p> <p>P: Continue on intake protocol.</p> <p style="text-align: right;"><i>K. Whitley, MS, PA, RP</i> K. Whitley, MS, PA., RP.</p>

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name : McCollum, Larry
DCJ No: 1105538
Unit: HUTCHINS STATE JAIL

Date & Time	NOTES
7/10/02 (1100)	were present. Offender was oriented in all spheres & clearly of average
---cont---	intelligence. He was articulate & expressed his thoughts in a logical,
	goal-directed manner. He appeared to be a reliable informant.
	A: Axis I: Depressive Disorder, NOS.
	P: Offender is on intake protocol. He will be scheduled for psych
	testing & 14 day F/U. He will also be referred to the depression
	monitoring group.
	K. Whitley, MS.PA., RP.

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name : McCollum, Larry
DCJ No: 1105538
Unit: HUTCHINS STATE JAIL

Date & Time	NOTES
7/10/02 (1100)	<p>S: Offender seen for IMHA. Limits of confidentiality reviewed & written copy provided to offender. Risks & benefits of tx discussed & understood. Consent for tx signed. Offender is a 49YOWM who is serving his 1st TDCJ incarceration for theft. Offender stated that he committed his crime because he had trouble coping with the deaths of his brother & father. His brother died 5 years ago, but his father died in April. Offender indicated that he became depressed & subsequently spent \$12,000 on various items & gambling. He acknowledged that he had problems with gambling, sex, & alcohol. He indicated that his drinking escalated in 1983 after a divorce, & he has been cited on 3 different occasions for DWI. He has never been in rehab, only a detox center once in 1987 for 10 days. He has had some minor involvement with AA. The offender has never seen a psychiatrist in the FW. He was placed on antidepressants by a regular MD at the county health department. Offender stated that he was hurt on his job last year & was coping with his father's illness at the same time. During this period of time he was prescribed antidepressants; however, his compliance was somewhat erratic. At present he has been on meds less than 2 months.</p> <p>O: Offender was a very obese but appropriately groomed individual who appeared his stated age. He was polite & friendly during the interview, & rapport was easily established. He did not appear to be in acute distress; however, his mood was mildly despondent. Affect was congruent to ideational content. Offender stated that he had experienced difficulty coping with the loss of his father. He stated that he was very co-dependent, & he expressed concern about his welfare once he releases from prison as he has no place to live. He stated that he worried about the future, but he indicated that he worked at keeping his mind off things that depress him. He denied suicidal ideation but stated he sometimes feels he has no real purpose for living. He indicated that he often felt hopeless & amotivated. He reported fluctuating appetite, erratic sleep patterns, & a recent weight loss of 30 lbs. No psychotic indices</p>

(continued >)

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Wm
4-11-53Name: McCollum, Karen
DCJ No.:
Unit: NJCLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Date & Time	Notes
7-1-02/15 30(5)	- triage from McLennan Co. Convent for Mental Health TX signed / NKDA
	Di: Depression: Med: Zoloft 100mg. 7 AM.
	Flw. TX: McLennan Co. Health Clinic - Dr. Depression Med: Zoloft
	Denies b/s of suicide attempt
	Denies b/s of A/E (disturbances)
	Denies suicidal ideation w/ this x.
()	① 90x3 speech wnl (mild euthymic) good eye contact / 0 abnormal body moves noted.
	② depressed
	③ Rpt. RP: psych /

J. HICKS RN
Psychiatric Nurse

UNIVERSITY OF TEXAS MEDICAL BRANCH CORRECTIONAL MANAGERS
MENTAL HEALTH SERVICES
INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name McCallum, Larry TDCJ# 1105558 Facility 123

Provider Type:

- Psychiatrist/MLP
- Psychotherapist/Psychologist
- Mental Health Liaison/Social Worker
- Occupational Therapist
- Music Therapist
- Recreational Therapist

Program:

- Outpatient
- Inpatient
- AMPP
- Step-down

ITP Review Date: 11-19-01 Provider Initials: SR

Date ITP Drafted 7-22-01

Initial DSM IV Diagnosis:

Axis I Major depressive reocc.

Revised Diagnosis:

Revision date _____

Axis II _____

Axis I _____

Axis III _____

Axis II _____

Axis IV _____

Axis III _____

Axis V _____

Axis IV _____

Axis V _____

Patient strengths good with pr.

Long-term goal(s) In recovery.

Problem/focus of intervention (1) Peer depn, Jevon,

Date Identified 3 months ago Short-term goal no peers depn

Anticipated achievement date 3 months Actual achievement date _____

Treatment/intervention 7-16-01

Problem/focus of intervention (2) _____

Date Identified _____ Short-term goal _____

Anticipated achievement date _____ Actual achievement date _____

Treatment/intervention _____

Problem/focus of intervention (3) _____

Date Identified _____ Short-term goal _____

Anticipated achievement date _____ Actual achievement date _____

Treatment/intervention _____

PROVIDER NAME

SIGNATURE

TITLE

DATE

DATE INTERVIEWED: 7/13/02

Trinity

SCREENER'S INITIALS: KM

TDCJ DIAGNOSTIC AND EVALUATION PROCESS

DIAGNOSTIC SCREENING INTERVIEW

NAME: McCOLLUM, LARRY GENE TDCJ #: 1105538
 DOB: 4/4/53 AGE: 49 SEX: MALE FEMALE
 PLACE OF BIRTH: Enid, OK RACE: CAUCASIAN
 OLD TDC #: _____ AFRICAN-AMER.
 PRIOR TDC INCARCERATIONS: YES NO HISPANIC
 PRIOR ASSIGNMENT TO CTC: YES NO OTHER: _____
 PRIOR ASSIGNMENT TO MROP: YES NO
 ON PSYCH. SERVICES CASELOAD: YES NO

CURRENT OFFENSE: THEFT > 1500, 20 mths

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

NONE
 SPANISH-SPEAKING ONLY
 HEARING/VISUAL IMPAIRED
 WHEELCHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM
 SECURITY RISK:
 OTHER: _____

FURTHER DIAGNOSTIC / EVALUATION RECOMMENDED

(YES) (NO)

REASON FOR REFERRAL:

DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS
 HISTORY OF MENTAL HEALTH TREATMENT
 CURRENT SUICIDAL IDEATION
 PRIOR SUICIDAL GESTURE(S)
 DISPLAYED UNUSUAL BEHAVIOR
 AFFECTIVE DISTRESS NOTED
 UNUSUAL NATURE OF OFFENSE
 HIGH RISK FOR ADJUSTMENT PROBLEMS
 OTHER: _____

OTHER GENERAL COMMENTS

YES NO

1. HOW ARE YOU FEELING? doing

() 2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?
DID YOU GET ANY TYPE OF COUNSELING? yes
FROM WHOM? (IF APPLICABLE) McLennan Co.
WHAT WAS IT FOR? depression
WHEN WAS IT? 2001
WHERE WAS IT? Waco, TX

() 3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:
() NERVES, () MENTAL PROBLEMS, OR () EMOTIONAL PROBLEMS?
SPECIFY THE MEDICATION: Zoloft
WHEN DID YOU TAKE THIS MEDICATION?
BY WHOM WAS IT PRESCRIBED? () PSYCHIATRIST
() PHYSICIAN
() OTHER: _____

CURRENT PSYCHOTROPIC MEDICATION: _____

() () 4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?
WHY? _____
WHEN? _____
WHERE? _____

COURT COMMITMENT/VOLUNTARY

() () 5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?
WHAT TYPE? _____

() () 6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?
SPECIFY: _____

() () 7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?
HOW MANY TIMES? _____
HOW? () CUT ARM/WRIST () HANGING
() OD'ed ON _____ () OTHER: _____
WHEN? _____
WHY? _____
WAS MEDICAL ATTENTION REQUIRED? () YES () NO

() () 8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?
HOW? _____

() () 9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

() () 10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?
SPECIFY: _____

YES NO

 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

 NONE BARBITURATES METHAMPHETAMINE (SPEED) HEROIN ACID INHALANTS _____ COCAINE HASH ALCOHOL MARIJUANA PCP OTHER _____14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 12WHERE? USA MEXICO OTHER: _____DO YOU HAVE A HIGH SCHOOL DIPLOMA GED 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?WHY? AdvancedWHAT GRADE(S)? 9-11 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOYS' HOME, OR OTHER GROUP HOME?

WHY? _____

 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: _____

 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY? 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:robbed

BEHAVIORAL OBSERVATIONS

APPEARANCE:	(<input checked="" type="checkbox"/>) UNREMARKABLE	(<input type="checkbox"/>) DISHEVELED	(<input type="checkbox"/>) ODD
HYGIENE:	(<input checked="" type="checkbox"/>) GOOD	(<input type="checkbox"/>) FAIR	(<input type="checkbox"/>) POOR
INTERACTION:	(<input checked="" type="checkbox"/>) COOPERATIVE	(<input type="checkbox"/>) LIMITED	(<input type="checkbox"/>) UNCOOPERATIVE
MOTOR BEHAVIOR:	(<input checked="" type="checkbox"/>) WITHIN NORMAL LIMITS	(<input type="checkbox"/>) RESTLESS	(<input type="checkbox"/>) DID NOT MOVE
	(<input type="checkbox"/>) _____		
SPEECH:	(<input checked="" type="checkbox"/>) CLEAR	(<input type="checkbox"/>) MUMBLES	(<input type="checkbox"/>) SPEECH IMPEDIMENT
RATE:	(<input checked="" type="checkbox"/>) SPONTANEOUS	(<input type="checkbox"/>) FAST	(<input type="checkbox"/>) _____
MOOD:	(<input checked="" type="checkbox"/>) WITHIN NORMAL LIMITS	(<input type="checkbox"/>) SAD	(<input type="checkbox"/>) IRRITABLE
	(<input type="checkbox"/>) UNUSUALLY HAPPY	(<input type="checkbox"/>) ANXIOUS	(<input type="checkbox"/>) FRIGHTENED
	(<input type="checkbox"/>) SILLY	(<input type="checkbox"/>) _____	
ALERTNESS:	(<input checked="" type="checkbox"/>) ALERT	(<input type="checkbox"/>) CONFUSED	(<input type="checkbox"/>) DAZED
			(<input type="checkbox"/>) DISTRACTED

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION
CLINICAL INPATIENT RECORD DATA SHEET

Unit of Inpt. Stay Name (Last, First, M.I.) TDCJ Number Age/Sex Date of Admission Date of Discharge Length of Stay Admitting Clinician Discharge Clinician Discharge Status	McCollum LARRY 1105538 12-10-03 01-07-04 ELLIS
PRIMARY DIAGNOSIS:	CODE
SECONDARY DIAGNOSIS:	
PRIMARY PROCEDURES:	
SECONDARY PROCEDURES:	
CAUSE OF DEATH:	
Coder/Abst. Signature Date	

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICESPSYCHIATRIC INPATIENT FACILITY
DISCHARGE/RELEASE SUMMARY

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE TDCJ #: 1105538 UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04 PULHES: S=3NT

IDENTIFYING DATA:

DOB: 04/04/53

Age/Race/Sex: Fifty-year-old Caucasian Male

Skyview Admission Date: 12/01/03

Current Date: 01/06/04

Examiner: Charles Junkin, MA, LPC, RP

DATE & REASON FOR REFERRAL:

Offender Mc Collum was referred to Skyview from the Cole Unit on December 1, 2003 secondary to "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from crisis management into Diagnostic & Evaluation (D&E) with an Axis I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated and on the following psychoactive medications: Fluoxetine 20mg PO QHS, Cogentin 2mg PO QHS, and Benadryl 25mg PO QHS. At the time of admission, his chief complaint was "I was getting confused about a few things, like, I didn't know what date it was."

CLINICAL COURSE:

Offender Mc Collum was admitted to the Mood Disorder Treatment Track on December 10, 2003 with an Axis I Diagnosis of Depressive Disorder, NOS (311) and R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems. Upon admission to the treatment track, he was taking Prozac 20mg PO QAM and Trazodone 100mg QPM. During the course of his treatment at Skyview, Offender Mc Collum attended individual and group psychotherapy and was followed closely by the treatment team. He presented with significant depressive symptoms, including suicidal ideation, anhedonia, poor concentration, and a sense of hopelessness. For the first couple of weeks in group psychotherapy, the offender was very quiet, but attentive. He had a restricted affect and a depressed mood. When he was seen by the treatment team on December 18, 2003, he was diagnosed with Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission). Because he is scheduled to be released from TDCJ-ID in the near future, he was seen again by the treatment team on December 19, 2003 to determine if he is appropriate for court commitment to a state hospital upon release from TDCJ-ID. The treatment team reviewed his situation, which consists of his father dying in April 2003, his mother is in a nursing home with Alzheimer's Related Illness, he has been confused and depressed. He is a chronic alcoholic. He has few resources in the community, and he has a large debt waiting for him when he gets out of prison. He has a family in the

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES**

**PSYCHIATRIC INPATIENT FACILITY
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE

TDCJ #: 1105538

UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04

PULHES: S=3NT

Waco area, but he has had little contact with them during his incarceration. He had not spoken with his brother or sister-in-law for more than six months. He has a significant history of prostate cancer in the family. The results of that treatment team meeting were to recommend Offender Mc Collum to be committed to the state hospital when released from TDCJ-ID. He was seen by a second psychiatrist on December 30, 2003. The second psychiatrist found no compelling reason to commit the offender to a state hospital at this time. He met with yet another psychiatrist on January 2, 2004. At that time, he was also found inappropriate for commitment to a state hospital. Meanwhile, the offender continued to participate in group therapy and seemed to respond somewhat to the Prozac. He was withdrawn and quiet but appropriate in group settings. Prozac was increased from 20mg to 40mg QAM on January 2, 2004. His mood has been described as "more cheerful" and he "appeared less internally preoccupied." On January 6, 2004, he was found appropriate for discharge to his unit of assignment with 40mg of Prozac QD.

MENTAL STATUS:

Offender Mc Collum is a 50-year-old, Caucasian male whose overall presentation is significantly older than his stated age. He presents with psychomotor retardation. His responses to some of the questions are vague. He relates well with the interviewer. At times he looks away. His affect is blunted. His mood is depressed. There is no evidence of auditory hallucinations at this time. He denies any suicidal thoughts or wanting to hurt others. He did admit that he felt that life was not worth living in the past. He was alert and oriented to time, place, and person. He was unable to do Serial 7's. He was able to do three digits forward and in reverse order. He was able to do four digits forward but not in reverse order. He could recall approximately 2/3 objects for recent recall.

RESIDUAL PROBLEMS:

Offender Mc Collum was referred for inpatient psychiatric treatment because he was confused and disoriented. While he was at Skyview, he was found to suffer from major depressive symptoms. He will be released soon from the prison system and will face many obstacles including unemployment, inadequate housing, mental illness issues, transportation difficulties, the loss of his father, and access to alcohol and other mind altering drugs. These factors in combination with his history of depression may place him at increased risk for potentially self-injurious acts. The offender's therapist had telephone contact with his brother and sister-in-law on December 31, 2003; although his family has agreed to take him into their home, they are reluctant to do so and are looking for community services that might better be able to care for his mental health needs.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICESPSYCHIATRIC INPATIENT FACILITY
DISCHARGE/RELEASE SUMMARY

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE TDCJ #: 1105538 UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04 PULHES: S=3NT

DISCHARGE DIAGNOSIS:

Axis I:	296.34	Major Depressive Disorder, Recurrent, Severe with Psychotic Features (Psychotic Features in Remission at this time)
	303.9	Alcohol Dependence in a Controlled Environment
Axis II:	V71.09	No Diagnosis on Axis II
Axis III:		Degenerative Disease of the Knees; H/O Lower Back Pain
Axis IV:		Psychosocial and Environmental Stressors: Incarceration
Axis V:		Current GAF = 60

RECOMMENDATIONS:

It is recommended by the treatment team and the attending physician that Offender Mc Collum be discharged from the Mood Disorder Treatment Track and returned to his unit of assignment for continued follow-up for his depressive symptoms until his release from the prison system. He should be offered counseling on an as-needed basis. Furthermore, he should continue his current medication regimen, which at this time consists of Prozac 40mg PO QAM.

DATED SIGNATURES:

Charles Junkin MA LPC RP 01.06.2004
Charles Junkin, MA, LPC, RP Date

Vasantha C. Orocofsky 1/6/04
Vasantha Orocofsky, M.D. Date

CJ/VO:rc

Received for transcription on 01/06/04 and typed on 01/06/04 at 1315

REQUOTATION FORM

04/20/2014

PCP: DR. JAMES M. GRIFFIN
UNIT: 101

NAME: ACCUCLLUM LARRY GENE
HURSTON, LARRY GENE

DRUG:
ACCUMULUM 1000MG CAPSULE
TIME: 2 TABS DAILY 8:00AM X 30 DAYS

PREScriBER: DR. JAMES M. GRIFFIN
START DT: EXP DATE: 04/08/2014 02/01/2014 04/08/2014

McCollum, Larry

1105538

PHYSICIAN'S ORDER SHEET
The University of Texas Medical Branch
Correctional Managed Care

AUTOMATIC STOP-ORDER POLICIES

ALL MEDICATIONS WITHOUT A DEFINITE
STOP DATE WILL BE DISCONTINUED
AFTER 72 HOURS.

★ USE BALL POINT PEN—PRESS FIRMLY ★

McCollum, Larry
1105538

PHYSICIAN'S ORDER SHEET
The University of Texas Medical Branch
Correctional Managed Care

AUTOMATIC STOP-ORDER POLICIES

ALL MEDICATIONS WITHOUT A DEFINITE
STOP DATE WILL BE DISCONTINUED
AFTER 72 HOURS.

★ USE BALL POINT PEN—PRESS FIRMLY ★

AUTHORIZATION IS GIVEN FOR DISPENSING BY NON- PROPRIETARY NAME UN- DER UTMB FORMULARY SYSTEM UNLESS OTHERWISE SPECIFIED.		WEIGHT	AGE	NOTE: ALL ORDERS MUST BE SIGNED BY PHYSICIANS. NURSES MUST ACKNOWLEDGE ORDERS WITH SIGNATURE, DATE AND HOUR.	
				ALLERGIES: NKA	
DATE/HOUR					SIGNATURE DATE/HR
12-18-03 0830	<p>(1) Continue fluoxetine as already ordered, (2) Collect specimens for lab on 12-19-03 for: CBC with differential, Chem 10, Liver Panel, TSH, and UA.</p> <p>(3) Axis I Dx: (1) Major Depressive Disorder with psychotic features in remission. Axis (2) Alcohol Dependence</p> <p>Dr. V. Orocotsky /L. Thompson, LVN V. Orocotsky, LVN 12/18/03 0825.</p>				
0845 12/18/03	<p>✓ (Gachett, LVN Notes)</p>				
12/19/03 0835 1111	<p>Refer to DDC Consult filed V. Orocotsky (LVN)</p>				
notice 12/19/03 0830 1111					
Plaintiffs' MSJ Appx. 1108					

PHYSICIAN'S ORDER SHEET
 The University of Texas Medical Branch
 Correctional Managed Care

McCollum, Harry
 #10538

AUTOMATIC STOP-ORDER POLICIES

ALL MEDICATIONS WITHOUT A DEFINITE
 STOP DATE WILL BE DISCONTINUED
 AFTER 72 HOURS.

★ USE BALL POINT PEN—PRESS FIRMLY ★

AUTHORIZATION IS GIVEN FOR DISPENSING BY NON- PROPRIETARY NAME, UN- DER UTMB FORMULARY SYSTEM UNLESS OTHERWISE SPECIFIED.	WEIGHT	AGE	NOTE: ALL ORDERS MUST BE SIGNED BY PHYSICIANS. NURSES MUST ACKNOWLEDGE ORDERS WITH SIGNATURE, DATE AND HOUR.	
			ALLERGIES:	
DATE/HOUR	ADMISSION ORDERS:			SIGNATURE DATE/HOUR
12-10-03 1430	1. Admit to: Mood D/O AXIS I: Depressive D/O NOS 311 2. Change PULHES to: S 4 P T Work Restriction: 19, 20, 21 Disciplinary Restriction B: Individual Treatment Plan C: 3. CBC, CHEM 10, Liver, Renal & Thyroid function tests. TSH, RPR & UA. - already ordered 4. EKG if over 40 years of age or in Cardiac Clinic done. 5. Serum blood level of: Dilantin, Tegretol, Lithium, Depakote, Digoxin, Theophylline, if on these medications. 6. Continue medical medications as per computer until seen at DSC. 7. Psychiatric medications: - Fluoxetine 20mg po qm x 30 days - Trazodone 100mg po qm x 14 days, then D/C (ordered 12-5-03) Please check lab results, diagnostic orders when patient return (9) may leave all materials (Bitte beharre jene Dokumente) 12/10/03 1500 Break 12/18/03 CBC, TSH, CHEM 10 LIVER PROFILE 0715 ERROR MED 12/18/03 0715			Signature (A-Pad)
Plaintiffs' MSJ Appx. 1109				

INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name MCCollum, LarryTDCJ# 1105538Facility Skyview

Provider Type:

- Psychiatrist/MLP
- Psychotherapist/Psychologist
- Mental Health Liaison/Social Worker
- Occupational Therapist
- Music Therapist
- Recreational Therapist
- Nurse

Program:

- Outpatient
- Inpatient
- ASICP
- Step-down

ITP Review Date:

Provider Initials:

ITP Closed Date:

(see Clinic Notes for details)

Date ITP Drafted 12-16-03

Initial DSM IV Diagnosis:

Axis I 311

Axis II _____

Axis III DeferredAxis IV Incarceration

Axis V _____

Revised Diagnosis:

Revision date _____

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Patient strengths VerbalProblem/focus of intervention (1) Anger ManagementDate Identified 12-16-03 Short-term goal Increase awareness of anger expression patterns
Treatment/intervention Group Psychotherapy & Individual Sessions as needed.Anticipated achievement date 05-03 Actual achievement date _____

Problem/focus of intervention (2) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Problem/focus of intervention (3) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Long-term goal(s) _____

() Kathy Jennings
PROVIDER NAMEKathy Jennings
SIGNATUREStaff
Psychotherapist
TITLE12-16-03
DATE

Patient Name McCormick, LARRY GENETDCJ# 1105538Facility Skyview

Provider Type:

- Psychiatrist/MLP
- Psychotherapist/Psychologist
- Mental Health Liaison/Social Worker
- Occupational Therapist
- Music Therapist
- Recreational Therapist
- Nurse

Program:

- Outpatient
- Inpatient
- ASICP
- Step-down

ITP Review Date:

Provider Initials:

ITP Closed Date:

(see Clinic Notes for details)

Date ITP Drafted 12.15.2003

Initial DSM IV Diagnosis:

Axis I 296.3 - Major Depressive Disorder

Axis II _____

Axis III _____

Axis IV IncarcerationAxis V Current GAF = 45

Revised Diagnosis:

Revision date _____

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Patient strengths Desires treatmentProblem/focus of intervention (1) Offender lacks social skills and coping skillsDate Identified 12.15.03 Short-term goal Participate in group therapy & comply with medicationTreatment/intervention Social Skill Training Group 5X/weekAnticipated achievement date 01.10.04 Actual achievement date _____

Problem/focus of intervention (2) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Problem/focus of intervention (3) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Long-term goal(s) Develop the essential coping skills that will enhance quality of life

CHARLES JUNKIN NARS

PROVIDER NAME

Charles Junkin NARS
SIGNATURE

STAFF

PSYCHOTHERAPIST
TITLE12.15.2003
DATE

Patient Name McCollum, LarryTDCJ# 1105538Facility SV

Provider Type:

- Psychiatrist/MLP
- Psychotherapist/Psychologist
- Mental Health Liaison/Social Worker
- Occupational Therapist
- Music Therapist
- Recreational Therapist
- Nurse

Program:

- Outpatient
- Inpatient
- ASICP
- Step-down

ITP Review Date:

Provider Initials:

Date ITP Drafted 12-15-03

ITP Closed Date:

(see Clinic Notes for details)

Initial DSM IV Diagnosis:

Axis I 311

Axis II _____

Axis III DeferredAxis IV Incarceration

Axis V _____

Revised Diagnosis:

Revision date 12-19-03Axis I 296.3-MDD

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

Patient strengths Ability to communicate adequately with staff.Problem/focus of intervention (1) Deficient adaptive functioning/Coping skills.Identified 12-15-03 Short-term goal Improve adaptive behavior/Coping ability.Treatment/intervention Group or Individual TherapyAnticipated achievement date 01-05-04 Actual achievement date _____

Problem/focus of intervention (2) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Problem/focus of intervention (3) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Long-term goal(s) _____

J. Tedder
PROVIDER NAME

J. Tedder
SIGNATURE

MHL
TITLE

12-15-03
DATE

INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name McCollum, LarryTDCJ# 1105538Facility Skyview

Provider Type:

- Psychiatrist/MLP
- Psychotherapist/Psychologist
- Mental Health Liaison/Social Worker
- Occupational Therapist
- Music Therapist
- Recreational Therapist
- Nurse

Program:

- Outpatient
- Inpatient Mood
- ASICP
- Step-down

Date ITP Drafted 12-15-03

ITP Review Date:	Provider Initials:

ITP Closed Date:

(see Clinic Notes for details)

Initial DSM IV Diagnosis:

Axis I 296.3

Revised Diagnosis:

Revision date _____

Axis II _____

Axis I _____

Axis III _____

Axis II _____

Axis IV _____

Axis III _____

Axis V _____

Axis IV _____

Axis V _____

Patient strengths ambulatory, compliantProblem/focus of intervention (1) Lacks the ability to cope w/ stress() Identified 12-15-03 Short-term goal ↑ coping skillsTreatment/intervention Stress Management GroupAnticipated achievement date 1-5-04 Actual achievement date _____Problem/focus of intervention (2) Lack knowledge of REBTDate Identified 12-19-03 Short-term goal ↑ knowledge + application of REBTTreatment/intervention REBT GroupAnticipated achievement date 1-5-04 Actual achievement date _____

Problem/focus of intervention (3) _____

Date Identified _____ Short-term goal _____

Treatment/intervention _____

Anticipated achievement date _____ Actual achievement date _____

Long-term goal(s) Become mentally stable + appropriate for discharge() Miki Sledge
PROVIDER NAMEMiki Sledge
SIGNATUREMHL
TITLE12/15/03
DATE

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, LARRY GENE TDCJ#: 1105538
1/5/04 0920	Progress Check: (S) Pt. seen Cellside for progress check. (O) Pt. was more cheerful this morning and appeared less internally preoccupied. States that he's feeling some apprehension about getting out of prison, but is ready to deal with it. Says he can't tell any difference yet with the med increase. (A) 296, 34 Major depression with psychotic features (in remission) (P) Continue treatment. — L. Smith, M.A., LPAT, SP
1/5/04 1520	Psych: (S) Attended REST + Stress Mngmt. groups. (O) Quiet but alert. Minimally oriented. (A) m/s (P) Cont. tx plan. — M. Sledge, BIA, MHT
1-6-04 0945	1639: Dr. Averyshy low on Pod + N.O. crew rec'd to discharge Pt to UOA. Dr. Orders Notid. — C. Reggiani

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

185

INTEGRATED PROGRESS NOTES

DATE/TIME 01/02/04 1345	NAME MCCOLLUM, LARRY TDCJ#: 1105538 UNIT: SKYVIEW
<p>S: Patient was seen in consultation with Dr. Raasoch, Clinical Director, for commitment purposes. Patient stated that he will continue with medication and seek help at the nearest MHMR. His family have stated that he could stay with them for a certain period of time, as per staff. They will pick him up from the state jail. It is the recommendation that his Prozac be increased and that he be followed-up again next week. Today he denies any auditory hallucinations. He sometimes feels he is better off dead but he does not have any active plans to do away with himself.</p> <p>O: Patient came to the interview. He was disheveled and appeared to be feces on his suit. He voiced that he would rather go home than live at the state hospital. He is not suicidal/homicidal at this time. HE denies any auditory hallucinations. Affect is blunted. Mood is depressed.</p> <p>A: Axis I: Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission)</p> <p>P: Increase Prozac to 40mg QD.</p> <p><i>V. Orocfsky, M.D. 1/2/04 1540</i> Vasantha Orocfsky, M.D. Date</p> <p>VO:rc</p> <p>D: 01/02/04 T: 01/02/04</p>	

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry TDCJ#: 1105538
1-2-04 1250	<p>Treatment Team Meeting: (S) Offender seen by the treatment team. Offender had initially refused to come to the meeting because he'd had "an accident." Very poorly groomed with feces on jumpsuit. (O) Unshaven, poorly groomed. States he's been depressed, but continues to say that he is not currently suicidal. Denies hearing voices. Possibly some confusion present. Became more talkative as interview progressed, stating that he wanted to continue his treatment and take his medication. Talked about staying with his brother continuing his treatment at MHHR in Waco. (O) 296.34, Major depression with psychotic features; psychotic symptoms in remission. (P) Continue treatment plan; increased Prozac to 40 mg. daily.</p> <p>L. Smith, M.A., LPA, SP</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry TDCJ#: 1105538
12/30/03 1501	Psych: (S) Attended Stress Mngmt. + REBT groups. (O) Quiet but attentive. (A) MDD (C) Psychotic features in remission. (P) Cont. tx plan. — Miki Sledge, BA, MTI
12-30-03 1515	(S) Pt./Offender attended Adaptive Functioning groups. & complaints reported. (O) Alert & oriented - Participated well during group discussions w/ short responses. (A) 296.34 - in remission. (P) Cont. Tx. Track. — Teller, MPA
12-31-2003 1150	Psych: (O) Received telephone call from offender's brother and sister-in-law. She said the offender is welcome to stay with them, but thinks a half-way house might be better for him because of his depression, history of alcoholism, and lack of employment opportunities. She was referred to TCONT for after care planning. — Charles Junkin, MPA
1-2-04 0932	Psych: (S) Pt. invited to attend group therapy, but refused. (O) Withdrawn (A) 296.34 (P) Continue attempts to involve in treatment. S. Smith, M.A., LPA, SP

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry TDCJ#: 110553 8
12/29/03 1015	Psych: S. m. McCollum attended Social skills/symptom recognition group. (O) Very quiet, but responded appropriately. Talked about his plan after his earlier discharge. Affect blunted and conservation is vague. (A) 296.3 (P) Continue treatment. — L. Smith, M.D., LPA, SP
12-29-03 1300	(S) Pt./Offender attended Adaptive Functioning group. (O) Complains reported. (O) Alert & cooperative. He responded appropriately. (A) 296.3 (P) Cont. Tx. Track. — J. Tedder MHC
12/30/03 842	Psychiatry S: Pt. stated his mood is 9/10, up from 1/10 at admission. No wk of hallucinations — this depressive episode. No suicide thoughts. (O) Some forward looking plans. Has few skills & high risk for alcoholism relapse, but no committable sy at this time. (P) Mr. Peters is out of family & aid transition. — T. Tedder (Redacted)

KU 3

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME Examined 12-23-03/0935	NAME: McCollum, Larry Gene TDCJ#: 1105538
--	--

S: Patient was seen in follow-up today. He looked better groomed than on previous occasions. At times he appeared alert, but on further questioning he still appears vague in his answers. He had reported some anxiety, which he describes as counting the tiles in the ceiling of his cell and "thoughts". He could not describe what the thoughts were. He answered, "Hopefully they are good ones". He stated that in the morning he has to push himself to do anything. He has not had any sustained employment in the last 10 to 15 years. He denies any suicidal thoughts. He denies hearing voices.

O: Patient is a 50-year-old white male who looks older than his stated age. At times he smiles. At other times his affect is blunted. His mood has underlying depression. He is not psychotic. He is not suicidal or homicidal at this time. He was alert and oriented times two.

A: Axis I: Major Depressive Disorder with Psychotic Features (psychotic features in remission at this time).
Alcohol Dependence
 Axis II: No diagnosis.
 Axis III: Degenerative disease of the knees; history of low back pain.
 Axis IV: Severe
 Axis V: GAF = 45

P: Continue current medications.

Vasantha C. Orocofsky M.D. 12/23/03 1430

Dictated By: Vasantha Orocofsky, M.D. 12-23-03
 Transcribed: 12-23-03/1410/nj

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCoum, LARRY GENE TDCJ#: 1105538
12-23-2003 0915	<p>TREATMENT TEAM MEETING: (5) Offender was seen by the treatment team. He said his energy level is still low and he has trouble "getting going" in the mornings. He said he feels anxious.</p> <p>(6) When questioned about the future, he gave only vague responses. Denied current suicidal or homicidal ideation. No auditory or visual hallucinations. Dysthymic mood with blunted affect. (D 296.34- Major Depressive Disorder with Psychotic Features, Psychotic Features in Remission.</p> <p>(7) Continue Mood Disorder Treatment Track.</p> <p>Charles Junkin MTC 8</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, LARRY GENE TDCJ#: 1105538
12-19-2003 10:00	(cont.) this time. (P) Begin proceedings for civil commitment. — Charles Juskin MA, LPC SP
12-19-03 11:30	Wk - (b)(2) orders. (P) Adm. Mtd. & initial Xmn. Disagreed by Dr. Crowley and Tucker to DSC. (P) Adm. T. 12-19-03
12-19-03 1415	(P) Pt./Offender attended group therapy & viewed video: Mental Health/Self- Esteem. (P) Alert & attentive. Participated appropriately. (P) 296.34 (P) Cont. Tx. Track. Fielder MHC
12/19/03 1447	Psy Chi: (S) Attended REBT & Stress Mngmt. groups. (P) Quiet but attentive. (A) No change. (P) Cont. tx plan. Miki Sledg, BA, MHC
12/22/03 1346	Psy Chi: (S) Attended REBT & Stress Mngmt. groups. (P) Quiet but attentive. (A) No dis- stress noted. (P) Cont. tx plan. Miki Sledg, BA, MHC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, LARRY GENE TDCJ#: 1105538
12-19-2003 0800	<p>Court Civil Commitment Hearing: ② Offender was seen in the dayroom for a civil commitment hearing. He said he needs more help when he is released from TDCJ. He said he is still depressed. He is a long-time alcoholic with significant outstanding debts. He has no job lined up for when he is released. He plans to live with his brother in Waco, but he has not heard from his brother in about six months. He previously worked for an employment agency, Jack of All Trades, and he plans to contact them for possible employment. His brother died of prostate cancer at age 51 about five years ago. He has another brother who is now 51 y.o. who has prostate cancer. His father died of prostate cancer in April of this year. ② Depressed mood with restricted affect. Fully oriented to all spheres. Impaired immediate recall. Poor concentration. Attention is fair. Eye contact intermediate. Passive suicidal ideations. No current auditory or visual hallucinations. ② 396.34 - Major Depressive Disorder, Recurrent, Severe with Psychotic Features, Psychotic Features in Remission at (cont.)</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME 12/19/03 0835	NAME MCCOLLUM, LARRY TDCJ#: 1105538 UNIT: SKYVIEW
<p>was alert and oriented to time, place, and person. He was unable to do Serial 7's. He was able to do three digits forwards and in reverse order. He was able to do four digits forward but not in reverse order. He could recall approximately 2/3 objects for recent recall. He denies wanting to hurt others.</p> <p>A: Axis I: Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission at this time). Alcohol Dependence</p> <p>Axis II: Deferred</p> <p>Axis III: Low Back Pain</p> <p>Axis IV: Severe due to Incarceration and Death of Family Member (Father, and Brothers with history of Prostate Cancer).</p> <p>Axis V: Current GAF = 55</p> <p>P: Recommend patient be committed to the state hospital when released from TDCJ-ID. This is being done in the best interest of the patient. He will require further evaluation and treatment for his depression.</p> <p>ADDENDUM: Patient's mother has Alzheimer's illness and is in a nursing home as per his report.</p> <p><i>Vasantha C. Orocofsky, M.D. 12/19/03</i> Vasantha Orocofsky, M.D. Date</p> <p>VO:rc</p> <p>D: 12/19/03 T: 12/19/03</p> <p><i>Att. of S. Quale, M.D.</i></p>	

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME 12/19/03 0835	NAME MCCOLLUM, LARRY TDCJ#: 1105538 UNIT: SKYVIEW
	<p>S: Patient was seen for court commitment purposes to the state hospital. At the onset of the interview he was advised that the interview was not confidential and that it could be reviewed by the Judge. Patient is a 50-year-old White male who was admitted to Skyview on 02/01/03. He presented with depression. He was referred from the Cole Unit because he was waiting on a ride to go to his daddy's funeral, he had decreased hygiene, and was disoriented. His father had passed away in April 2003. At the time of interview on 12/01 he stated "I was getting confused about a few things, I did not know what day it was." Patient had been started on treatment for depression with Zoloft. He has no history of any suicide attempts. There is history that he heard a male voice telling him to hurt himself and others. At this time he denies hearing any voices. He denies any suicidal thoughts. Prior to coming to prison he had become depressed and spent \$12,000.00 on various items along with gambling. He also had apparently \$1,200.00 in debt. Today at the interview he stated that these were no longer outstanding debts since he came to the prison. He is unclear as to what he will do when he leaves the prison system. He states he has family support, however it has been six months since he has heard from his brother. He also states he <u>will go out and look for a job</u>. He knows a lady who places people and that it is called "Jack of all Trades." It appears though he states that he is looking forward to the future, getting out, and finding a job he appears to be vague as the details of how he will take care of himself out there. He does admit that he has depression and that he needs more treatment. He has history of becoming easily irritated and had poor hygiene and disorganized thoughts. This was noted in April 2003. He has been on antipsychotic as well as antidepressants in the past. He has significant history of prostate cancer in the family – a brother dying at age 51 five years ago. His father dying of prostate cancer in April 2003. Another brother 51 years of age who has prostate cancer. The patient is 50 years of age. He stated that he took care of his father, he got ill, and he had stopped drinking at that time because his father was dependent on him. He gave the history stating that he had stopped drinking in 2002, however on further interview when he started to gamble he started drinking again.</p> <p>O: Patient is a 51-year-old White male who appears older than his stated age. He presents with psychomotor retardation. His responses to some of the questions are vague. He relates well with the interviewer. At times he looks away. His affect is blunted. His mood is depressed. There is no evidence of auditory hallucinations at this time. He denies any suicidal thoughts or wanting to hurt others. He did admit he had felt that life was not worth living in the past. He</p>
HSM-75 (Rev. 2/92)	1

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME 12/18/03 0820	NAME MCCOLLUM, LARRY GENE TDCJ#: 1105538 UNIT: SKYVIEW												
<p>S: This is a 50-year-old White male seen initially. He carries a diagnosis of Depressive Disorder, NOS. Patient has not had any free world treatment, he has had history of three DWI's and alcohol dependence. There was some notation of him having used methamphetamine and cocaine. He stated he did not use them at any time. He has no history of any suicide attempt in the free world and currently he denies any suicidal thoughts. The onset of his illness was when he came into prison and he had been spending about \$12,000.00 in gambling and spending spree. His brother had died five years and his father died in April 2003. He presented with neurovegetative signs of depression. He was treated with Zoloft, Pamelor, Trazodone, and currently on Prozac. He had one episode where he presented with some psychotic thinking, stating he was getting ready to go for his father's funeral and his hygiene was poor and he was somewhat confused and had also mentioned that there was a male voice telling him to hurt himself. Currently, at this time, he denies any auditory hallucinations or command hallucinations. He does say he does have some difficulty sleeping. His energy level is a little bit low but he states his depression is better. He is not allergic to any known medications.</p> <p>O: Patient looks older than his stated age. He is unshaven. He had psychomotor retardation. At times he appeared to be having some difficulty processing questions, but he did answer questions relevantly. His affect was blunted. His mood was depressed. It appeared that he was on the verge of weeping. He knows he will be leaving the system on January 11, and will go to live with his brother and continue with treatment at the MHMR in Waco. He is not suicidal at this time. He is not psychotic at this time.</p> <p>A:</p> <table> <tr> <td>Axis I:</td> <td>Major Depressive disorder with Psychotic Features (Psychotic Features in Remission at this time).</td> </tr> <tr> <td></td> <td>Alcohol Dependence</td> </tr> <tr> <td>Axis II:</td> <td>No Diagnosis</td> </tr> <tr> <td>Axis III:</td> <td>Degenerative Disease of the Knees; H/O Low Back Pain</td> </tr> <tr> <td>Axis IV:</td> <td>Severe</td> </tr> <tr> <td>Axis V:</td> <td>GAF = 45</td> </tr> </table> <p>P: Patient to continue with Prozac 20mg QAM. To continue in the Mood Track. Risks, benefits, and side effects of Prozac were discussed with patient and he agrees to take medications. Yearly lab ordered.</p> <p><i>Vasantha C. Orocofsky M.D. 12/18/03.</i></p> <p>Vasantha Orocofsky, M.D. Date VO:rc D: 12/18/03 T: 12/18/03</p>		Axis I:	Major Depressive disorder with Psychotic Features (Psychotic Features in Remission at this time).		Alcohol Dependence	Axis II:	No Diagnosis	Axis III:	Degenerative Disease of the Knees; H/O Low Back Pain	Axis IV:	Severe	Axis V:	GAF = 45
Axis I:	Major Depressive disorder with Psychotic Features (Psychotic Features in Remission at this time).												
	Alcohol Dependence												
Axis II:	No Diagnosis												
Axis III:	Degenerative Disease of the Knees; H/O Low Back Pain												
Axis IV:	Severe												
Axis V:	GAF = 45												

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCORMICK, LARRY TDCJ#: 1105538
12-18-2003	TREATMENT TEAM MEETING: (S) Offender was seen by the treatment team. He said he is feeling good, and that he is taking his medications regularly. He claimed that his depression is resolving. His father passed away in April of this year. (O) Alert but sluggish. Psychomotor retardation. Grossly oriented to all spheres. No suicidal or homicidal ideations. Mood is dysthymic with depressed affect. (A) 296.3 - Major Depressive Disorder, Recurrent, Unspecified. (P) Continue Mood Disorder Treatment Track. Continue medication as previously prescribed. - C. Justin <i>[Signature]</i>
12-18-03 0945	Nsg: Orders noted. <i>J. Crocker</i>
12-18-03 1307	Psyco: (S) Attended Stress Mngmt. group. (O) Participative but quiet. Responds when spoken to. Stated he feels less depressed taking Prozac. (A) 296.3 in partial remission (P) Cont. to plan. — <i>Miki Slaby, BA, MT</i>
12-18-03 1515	(S) Pt./Offender attended Adaptive Functioning group. (O) Limited interaction, but appropriately responsive. (A) 296.3 (P) Cont. Tx. Track. <i>J. Taddia, MT</i>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry TDCJ#: 1105538
12-12-03 1300	Received on Skyview 5 - A Pod from Skyview 3 (Assigned) to A-Pod Cell # 103 He was admitted to the Mood Disorders treatment program on 12-10-03 per order. B. Meharry, W.P. — Thompson, L.V.V.
12/13/03 0945 C	Chart Review completed & Classification of SPR. — Elizabeth
12/15/03 1455 C	Psych: ③ Attended Stress Management group. ③ Signed consent form. ③Appeared to be confused at times. ③ Cont. Tx plan. — Miki Seedy, BA, M.H.C.
12/15/03 1530 C	③ Attended Adaptive Functioning group ③ Alert & Cooperative. He signed Consent for MH Services. Participated appropriately. ③ Deferred ③ Cont. Tx. Tracks — Fredder MH
12/16/03 1140 C	Psych: ③ Attended Anger Management Group ③ Signed consent form. Quiet but attentive. ③ 311 ③ Cont. Tx. plan. — ck Jennings, ms, se
12/16/03 1530	Psych: ③ Attended Stress Mgmt. group. ③ Quiet but attentive. ③ 311 ③ Cont. tx plan. — Miki Seedy, BA, M.H.C.

COPY

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE

TDCJ#: 1105538

IDENTIFYING DATA:

DOB: 04-04-53

DATE OF ADMISSION: 12-01-03

AGE/RACE: 50 y/o White male.

EXAMINER: B. Meharry, MSN, RN, CS, PMH-NP.

DATE OF EXAMINATION: 12-03-03/1400.

REASON FOR ADMISSION:

The patient was referred here from the Cole Unit by Mr. Dorsett, LBSW secondary to, "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from Skyview Crisis Management into D&E with an AXIS I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated, and on the following psychoactive medication: Fluoxetine 20 mg. p.o. q. h.s., Cogentin 2 mg. p.o. q. h.s., and Benadryl 25 mg. p.o. q. h.s. The patient was advised of the purpose of this examination, the limits of confidentiality, and informed consent. He verbalized understanding and agreed to participate.

CHIEF COMPLAINTS:

"I was getting confused about a few things, like, I didn't know what date it was."

PAST PERTINENT PSYCHIATRIC HISTORY:

The patient did not begin receiving any freeworld psychiatric treatment until 2001, when he first encountered his legal difficulties. He was treated with Zoloft for symptoms of depression at the MHMR center in Waco, Texas. There is no freeworld history of suicidal attempts/gestures, self-injurious behaviors, or anger-management problems. His substance abuse history included the use of alcohol, methamphetamines, and cocaine. With no known history of treatment for his substance abuse. There is no known familial history of mental illness or chemical dependency. There is no history of a juvenile record. While at the McLendorn County Jail awaiting transfer to TDCJ-ID, he was diagnosed with Depression and was treated with Zoloft 100 mg. p.o. q. am.

This is the first incarceration for this patient who was received at TDCJ-ID on 07-01-02, where he is serving a 20-month sentence for Theft, Over \$1500. Upon receipt to the prison system, he told the Responsible Psychologist that he had been having difficulty coping with the death of his brother, who died five years ago and the death of his father, who died April of 2003. He became depressed and spent \$12,000. on various items and gambling. This led to his arrest and conviction. He also acknowledged that he had a problems with gambling, sex, and alcohol. He stated that his drinking escalated in 1983, following a divorce. He admits to three arrests for DWI. Although he has never been to Rehab, he relates that he entered a "Detox" center for 10 days in 1987. He also relates that he had some "minor" involvement with Alcoholic Anonymous. At the time, he also reported that he considered himself to be very co-dependent, expressed concern about his welfare upon release from prison as he has no place to live, was worried about the future, and had problems keeping his mind off things that depress him. Although he denied any current suicidal ideations or intent, he admitted that he sometimes believed that he had no real purpose for living. He often felt hopeless and lacked motivation, reported fluctuating appetite, erratic sleep pattern and a recent 30 lbs weight loss. There was no evidence of psychotic symptoms. On 07-02-02, he was seen by the attending psychiatrist where he received an AXIS I Diagnosis of Major Depressive Disorder, Recurrent. He was placed on Zoloft 100 mg. p.o. q. am. A few months later it was noted that he was doing well on Zoloft and wanted to continue his medication regimen. He was 100 percent compliant. He also related that he was experiencing feeling "jumpy". On 12-11-02, he was seen by another psychiatrist, where he reported not only a history of depression, but problems with anxiety. His AXIS I Diagnosis remained Major Depression. He was switched to Nortriptyline 25 mg. p.o. q. h.s. Several days later, he complained of still experiencing "jumpy legs" at bedtime. His Nortriptyline was increased to 50 mg. p.o. q. h.s. On 01-08-03, he complained that he was unable to sleep. His Nortriptyline was increased to 75 mg. p.o.

SCANNED

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICESSKYVIEW PSYCHIATRIC FACILITY
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE

TDCJ#: 1105538

q. h.s. Shortly thereafter, he was referred to Skyview Crisis Management secondary to, threatening suicide. He was discharged back to his unit of assignment, with no change in his diagnosis or medication regimen. He continued to complain of feeling depressed, so his Nortriptyline was increased to 100 mg. p.o. q. h.s. On 04-15-03, he presented as decompensating. He was easily irritated and exhibited poor hygiene and disorganized thoughts. He continued to complain of feeling anxious. He was diagnosed with Anxiety Disorder, NOS and Depressive Disorder, Due To Alcohol and Drugs. He was placed on Haldol 10 mg. p.o. b.i.d., Benadryl 25 mg. p.o. b.i.d., and Prozac 20 mg. p.o. q. am.

More recently, on 09-17-03, he was seen by yet another attending psychiatrist, where he received an AXIS I Diagnosis of Major Depression With Psychotic Features. He continued on the same medication regimen of: Haldol 5 mg. p.o. q. h.s., Benadryl 25 mg. p.o. q. h.s., and Prozac 20 mg. p.o. q. h.s. On 11-24-03, he was seen by the MHS at cellside. He seemed disoriented, was difficult to understand, and related that he was waiting for a ride to go to his Dad's funeral. He was disheveled and exhibited poor hygiene. After consulting with Dr. Reddy, it was determined that he should be referred to Skyview Crisis Management for evaluation and determination of his treatment needs. Upon receipt to the Skyview Unit, he told the admitting RN that he was feeling depressed because a male voice was telling him to hurt himself or others. Objectively, he was observed to be alert, spontaneous, and although he was oriented in general, he was unaware that the day before had been the holiday (Thanksgiving). He seemed "somewhat" confused. Currently, he reports difficulty sleeping, but appetite is "good." He described his mood as "good." He denied any current suicidal ideations or intent. He voiced no complaints regarding side effects from his current medication regimen, but he did complain of difficulty sleeping, blurred vision, and difficulty starting to urinate.

PERTINENT MEDICAL HISTORY:

The patient has a history of chronic lower back pain. He has no known drug allergies. There is no known past history of head trauma, loss of consciousness, seizures, blackouts, or chronic headaches.

PERTINENT PHYSICAL FINDINGS:

VITAL SIGNS: TEMP: 98; PULSE: 130; RESP: 20; BP: 184/88.

HT: 70 in. WT: 218 lbs.

LABORATORY INDICES/X-RAYS/OTHER PERTINENT DIAGNOSTIC STUDIES:

CHEM 12 of 07-08-02 showed decreased glucose and elevated uric acid, decreased albumin; liver function test of 07-08-02 was within normal limits; lipid panel of 07-08-02 showed increased triglycerides, decreased HDL cholesterol and increased VLDL cholesterol; CBC with differential and platelet count of 07-08-02 showed decreased RBCs; TSH of 07-08-02 was within normal limits; T4 of 07-08-02 was decreased; T3 of 07-08-02 was within normal limits; FREE thyroxin index of 07-08-02 was decreased; PSA of 07-08-02 was within normal limits; Helicobacter pylori, IgG of 07-08-02 was positive; HIV-1-ABS of 07-02-02 was nonreactive; RPR of 07-02-02 was nonreactive.

There are no chest x-rays. X-ray of lumbar spine of 12-16-02 was within normal limits; x-ray of right knee of 12-16-02 showed some arthritic changes; x-ray of left knee of 12-16-02 showed minimal early articular marginal spurring; EKG of 07-02-03 showed normal sinus rhythm and was considered a normal EKG.

GENERAL DESCRIPTION: Well-developed, well-nourished, overweight, White male in no obvious acute physical distress. A complete physical examination was not performed at this time, due to the locked down status of the facility. A cursory visual examination revealed the following:

HEENT: EYES: no nystagmus; NOSE: no drainage.

SKIN: Nonicteric. Appears to be grossly intact.

EXTREMITIES: No cyanosis, clubbing or edema.

NEUROLOGICAL EXAMINATION: Cranial nerves II through XII appear to be grossly intact. **SENSORY:** grossly intact. **MOTOR:** good ROM in all extremities. **CEREBELLAR:** Steady gait with no ataxia. **AIMS:** negative.

ASSESSMENT: Possible Abnormal Laboratory Indices, Abnormal Cardiac Panel, and Elevated Systolic Pressure.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICESSKYVIEW PSYCHIATRIC FACILITY
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE

TDCJ#: 1105538

MENTAL STATUS EXAMINATION:

The patient was seen at cellside, due to the locked down status of the facility. He was dressed in a prison attire and was unshaven, but adequately clean. He appeared older than his stated age. He was alert, made good eye contact, and was cooperative. Psychomotor activity was calm. Speech was spontaneous, rate was within normal limits. Mood was appropriate to the situation. Affect was congruent with mood, range was reactive. No hallucinations were elicited at this time. Thought content was negative for suicidal or homicidal ideations or intent. He expressed no delusions and unusual thinking. Thought processes were coherent, logical, and goal-directed. Patient is grossly oriented X4. His remote and recent memory is grossly intact. His attention and concentration is intact. His intelligence is estimated to be in the average range. Insight and judgement are good.

SUMMARY OF FINDINGS:

This patient presents with no prior psychiatric history, until he encountered his legal difficulties and went through the stressors of losing some family members. There is also a history of excessive alcohol use. Currently, there are no abnormalities in cognition, thought content, thought processes, nor evidence of hallucinations. There is no major mood disturbance. I believe that his sleep disturbance is most likely due to the schedule that he is receiving Prozac. It may be too activating for him to receive it at night. Although he has no history of hypertension, his cardiac panel was significantly abnormal and there is a familial history of hypertension and diabetes. Given this patient's age and family history, it is possible that he may have experienced a transient ischemia attack (TIA). This would certainly need to be ruled out. At this time, I see no evidence of suicidal ideations or intent, nor is there a recent past history to indicate that he would be at high risk for engaging in self-injurious behaviors.

DSM-IV DIAGNOSIS:

AXIS I:	311.30	Depressive Disorder, NOS.
	293.9	R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems.
AXIS II:		Deferred.
AXIS III:		Chronic Low-Back Pain; R/O Cardiovascular Problems. NKDA.
AXIS IV:		Problems related to interaction with the legal system: incarceration.
		Problems due to primary support group: recent death of a family member.
AXIS V:		GAF: 55.

RECOMMENDATIONS/INTERVENTIONS:

Prozac 20 mg. p.o. q. am and Trazodone 100 mg. p.o. q. pm X14 days, then D/C. Discontinue Cogentin and Benadryl. Educated patient regarding side effects, risks, and possible benefits with the use of Prozac and Trazodone. Patient consents and agrees with the treatment plan. I believe that this patient could benefit from the programming in the Mood Disorder Treatment Track to help him learn some coping skills, in order to better plan his future.

PROGNOSIS: Uncertain at this time.

SIGNATURE/DATE:

B. Meharry, MSN, RN, CS, PMH-NP 12-5-03
B. Meharry, MSN, RN, CS, PMH-NP/Date
Transcribed: 12-04-03/1412/mlr 0795

COPY

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene

TDCJ#: 1105538

IDENTIFYING DATA:

Name: McCollum, Larry Gene

TDCJ#: 1105538

Race: White

DOB: 4-04-53

Age: 50-8

SSNO: Unknown

Admission Date: 12-01-03

Previous Skyview crisis management admissions: 3

Previous inpatient admissions: 0

Current Date: 12-02-03

Examiner: John Yarbrough, SP

REASON FOR REFERRAL:

McCollum is a recent admission to D&E from Skyview crisis management. The purpose of this report is to assess this individual's current mental status and to provide recommendations for placement, treatment programming, and aftercare planning. He was previously advised of the limits of confidentiality. He provided verbal consent for this evaluation on 12-02-03.

CHIEF COMPLAINTS:

"I was depressed, I guess."

McCollum was admitted after reporting that he "was waiting for a ride to his father's funeral." Hygiene was reportedly decreasing and he was reportedly disoriented. At Skyview he stated, "I've been a little confused for a couple of months, I guess." He stated that he was also having trouble with constipation, dry mouth, blurry vision, mild trembling in his hands, and some degree of confusion. "I try to count the days that I have until I get out. I get out in January of next year."

PERTINENT MENTAL HEALTH HISTORY:

McCollum arrived on Skyview crisis management on 11-25-03 from the Cole State Jail. The admitting diagnosis was to "Rule Out Uncomplicated Dementia of the Alzheimer's Type". He is currently prescribed Prozac 20mg hs, Benadryl 25mg hs, and Cogentin 2mg hs.

Records indicate that McCollum has a history of alcohol abuse since 1983. He reports treatment in 1987 and has been minimally involved in AA. He was not treated for depression, however, until about 2001 when he was first incarcerated in the county jail. While at the McClellan County Jail, he was diagnosed with depression and

SCANNED

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICESSKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene

TDCJ#: 1105538

prescribed Zoloft 100mg q am. He was also on HCTZ. It was noted that he weighed 307 pounds while at the McLennan County Jail.

McCollum arrived in TDCJ on 7-01-02. On 7-16-02, while at the Hutchins State Jail, he was given a Personality Assessment Inventory which was consistent with diagnoses of Alcohol Dependence and Depression. He was described as being unhappy and pessimistic. He was given a diagnosis of Depressive Disorder NOS and Alcohol Dependence. He claims that he has been losing weight, and he reports losing about 70 pounds over the past 18 months. He was first sent to Skyview crisis management on 1-10-03, and prior to the current admission, his last time at Skyview was from 1-24-03 to 1-29-03 when he was diagnosed with Recurrent Major Depressive Disorder. He had been referred not because of any overt threats of self-harm, but because staff had noted that he was giving away his property. He was seen throughout the first part of 2003 and seen less frequently from 5-09-03 to 8-18-03. On 8-18-03, while at the Cole Unit, he was referred by security with reports that he was disheveled and had been "hoarding strange objects". This behavior was not further commented upon. He was next seen on 11-24-03 and this time was referred to Skyview on the above complaints.

PERTINENT SOCIAL HISTORY:

According to this patient, he was born in Enid, Oklahoma and raised in a relatively intact family environment. He had a brother who reportedly died in February of 2002 and his father reportedly died two months later, in April of 2002. McCollum reports that he has been divorced since 1983. He has two children, a 27-year-old daughter and a 21-year-old son, who reside in Waco. Upon release from TDCJ, McCollum plans to return to the Waco area. He remains in contact with his family.

McCollum attended school through the twelfth grade and received a high school diploma. He reports that he was in advanced classes from grades nine to eleven. He is able to read and write and records indicate an overall EA score of 8.6. He has no history of military service. He worked as a warehouse forklift operator. He has been able to maintain steady employment.

Records indicate a history of alcohol abuse, which escalated after his 1983 divorce. He also reports use of cocaine and methamphetamines. He reports detox for ten days in 1987. He reports minor involvement with AA. He reported no incident of head trauma or seizure disorder. He was previously treated for hypertension and complains of chronic knee and back pain. He has not been treated for any medical conditions. He denied any food or drug allergies. He reports a family history of cardiac disease and diabetes.

This patient arrived in TDCJ on 7-01-02. He is currently serving a 20-month sentence from McLennan County for charges of theft over \$1500.00. This is his first TDCJ incarceration. Although he has forfeited no good time, he has received three recent disciplinary cases for failing to obey orders, on 9-02-03, 10-09-03, and 11-07-03, respectively. He remains Line Class I with a projected release date of 1-12-2004.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene

TDCJ#: 1105538

MENTAL STATUS EXAMINATION:

McCollum is a 50-year-old white male who appears older than his stated age. He is of average height and overweight in build, 5'8" tall and 218 pounds. Records indicate that he has lost a significant amount of weight since his arrival in TDCJ on 7-01-02. At this time, gait and gross motor control are within normal limits. He was unshaved, but otherwise adequately groomed, dressed in a prison-issued jumpsuit. He was alert and oriented to person, place, situation, and roughly to date. He believed that this was November 25, 2003. He was aware, however, that Thanksgiving had recently passed. He is also aware that he is scheduled for release in about five weeks. Adequate eye contact was maintained.

McCollum's speech was clear, coherent, and goal-directed. No emotional distancing was noted. He is not reporting hallucinatory phenomena and he does not appear to be attending to internal stimuli. No suspiciousness was noted and no delusions were elicited. He reports no disturbance of sleep or appetite. His mood appears euthymic with a reactive affect. At present he denied any self-harm ideation.

This patient appears to be within the average range of intellectual functioning. Records indicate a Beta-3 IQ score of 92. He has an adequate fund of general information and memory functioning appears grossly intact. No distractibility was noted. Insight and judgment appear adequate.

RESULTS OF PSYCHOMETRICS:

McCollum received a score of 29 on the Brief Psychiatric Rating Scale. He presents with mild complaints of depression and a mild degree of anxiety in the absence of overt signs or symptoms of psychosis. These ratings were consistent with those of the Hamilton Rating Scale for depression and indicate a mild degree of impairment.

SUMMARY OF FINDINGS:

Records indicate a lengthy history of alcohol dependence and a history of treatment for anxiety and depression since his incarceration in late 2001. Staff currently complain of some oddities in behavior and some degree of mild confusion. McCollum complains of some confusion and disorientation as well as symptoms which may be related to his anticholinergic regimen. No recent laboratory information is available and he has been referred for further medical evaluation. In line with the current information, a continued provisional diagnosis of Depressive Disorder NOS is appropriate.

DSM-IV DIAGNOSTIC IMPRESSION:

Axis I: 311 Depressive Disorder NOS, provisional.
Rule out 995.2 Adverse effects of medication NOS.

Axis II: V71.09 No diagnosis on Axis II.

Axis III: Deferred.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene

TDCJ#: 1105538

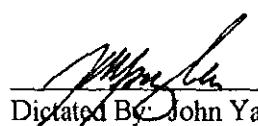
Axis IV: Psychosocial and environmental stressors: incarceration.

Axis V: Current GAF = 50

RECOMMENDATIONS/INTERVENTIONS:

McCollum remains on monitoring status in D&E. He has been referred for medication evaluation and for further medical evaluation to rule out other conditions. Consult has been made with the treating mid-level practitioner.

SIGNATURE/DATE:


Dictated By: John Yarbrough, SP

12/3/03 C 1000
12-02-03

Transcribed: 12-03-03/0850/nj

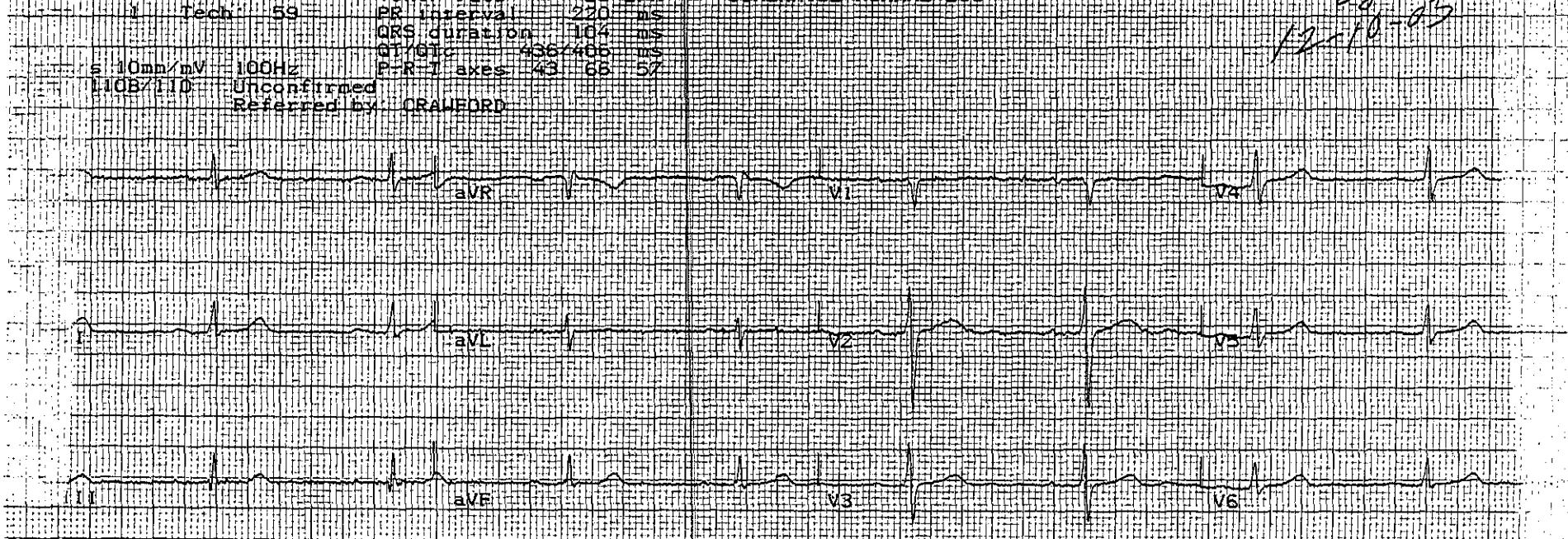
P.10

P.3

NAME: LAST McCullum FIRST Larry
 TDCJ#: 1105538
 UNIT: SV ✓ HD
 DATE ORDERED: 12-3-03
 AGE: 50
 SEX: m
 HEIGHT (In Inches): 70
 WEIGHT: 222
 RACE: C
 DOCTOR: Crawford
 TECH ID#: 59

NAME: LARRY
 ID: 001105538
 Med: None
 Loc: 59 Room: 59
 Race: Cauc
 Vent. Rate: 53 BPM
 Tech: 59 PR Interval: 220 ms
 GRS duration: 104 ms
 ST/QTc: 436/406 ms
 s: 10mm/mV 100Hz P-R-T axes: 43 68 57
 LIOB/110 Unconfirmed
 Referred by: CRAWFORD

SINUS BRADYCARDIA WITH 1ST DEGREE AV BLOCK
 OTHERWSE NORMAL ECG



UTMB LABORATORIES

The University of Texas Medical Branch

Galveston, Texas 77555-0743

Telephone Number: (800) LAB-2266

Medical Facility Laboratory

Estelle Unit, 264 FM 3478

Huntsville, Texas 77320

Telephone Number: (936) 291-6896 X3804

Patient Name: MCCLELLAN, LORRY
Patient Account: 3386856-004
Med. Rec. No: 282011055308
Age: 70 M/F Sex: M Race:
Attending Dr: MCCOFFSKY, ROSEANNA
Dining Dr: MCCOFFSKY, ROSEANNA
Result to Physician:

Normal Results	Abnormal Results/Flag	Units	Reference Range
----------------	-----------------------	-------	-----------------

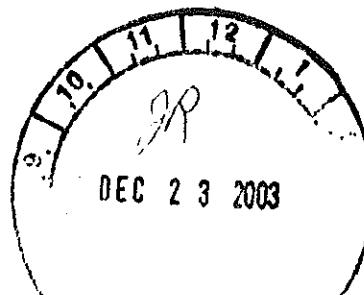
4500/1001-386 - Huntsville, Tv. 77220 - Telephone Number (936) 231-1230 EXT: 3804

54,03

MEMORANDUM - REGIONAL - BUSINESS SYSTEMS

12/19/23 2455

COLOR	YELLOW	CLCLOUDY	*
APPEARANCE			
SP. GRAVITY	1.025		5.5-7.0
pH	5.5		NEGATIVE
PROTEIN	NEGATIVE		NEGATIVE
GLU U DUAL	NEGATIVE		NEGATIVE
KETONES	NEGATIVE		NEGATIVE
BILIRUBIN	NEGATIVE		NEGATIVE
BLOOD	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
UROBILIN	0.2EU/DL		0-1.0
LEUK ESTER	NEGATIVE		NEGATIVE
MICRO EXAM	ONE		
BC/HPF		1-4	*
OCCLUSUS	ANY		



PRINT DATE: 12/22/03 11:49:04
USER: 101

DOCTOR'S/OFFICE COPY
CLINIC/UNIT COPY

Plaintiffs' MSJ Appx. 1138

Client Name: DEGLLUCA, MARY
 Client Account: 12286856-404
 Ed. Rec'd. #: 20220115530R
 Ref: 104 RS Test: H Blood
 Billing Dr: DRGOCFSKY, RAGANNA
 Billing Dr: DRGOCFSKY, RAGANNA
 Result to Physician:
 Location: INC-EMERGENCY UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-6896 EXT:3804

54

***** UTMB REGIONAL - HEMATOLOGY *****

12/19/03 0455

WBCx10 ³	3.6	/CMM	4.5-10.5
RDWx10 ³	1.51	/CMM	4.25-5.65
PLT	11.9	G/DL	13.5-17.0
NEUT	13.7	%	37.0-50.0
LYM	36.9	FL	22.0-97.0
MON	32.0	FG	27.0-33.0
EO	34.1	%	31.0-36.2
RDW	14.3	H	11.0-14.1
PLTx10 ³	104	/CMM	150-400
MPV	12.0	FL	7.3-11.2
GRAN%	52.4	%	15.0-70.0
LYMPH%	37.8	%	13.0-51.0
MONO%	5.4	%	1.0-12.0
EOS%	1.0	%	0.0-6.0
NEUT%	3.5	%	1.0-2.0
GRANNx10 ³	4.6	/CMM	2.1-7.4
LYMPHx10 ³	3.2	/CMM	1.3-4.4
MONNx10 ³	3.6	/CMM	0.2-0.9
EOSNx10 ³	1.2	/CMM	0.2-0.4
IR80Nx10 ³	0.0	/CMM	0.0-0.2



Legend:
H: High

RECORDED

PRINT DATE: 12/22/13 1:45:30
OTHER ID:

TE: 1

UTMB LABORATORIES

The University of Texas Medical Branch

Galveston, Texas 77555-0743

Telephone Number: (800) LAB-2266

UTMB/TDCJ Regional Medical Facility Laboratory

Estelle Unit, 264 FM 3478

Huntsville, Texas 77320

Telephone Number: (936) 291-6896 X3804

Patient Name: MCCULLAGH, LINDY
 Patient Account: 0086656-204
 Med. Rec. No: (3802)011055208
 Age: 50 Sex: F Race:
 Referring Dr: GOROCOFFSKY, YASANTHA
 Referring Dr: GOROCOFFSKY, YASANTHA
 Result to Physician:
 Location: ICC-SKYVIEW UNIT

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:3804

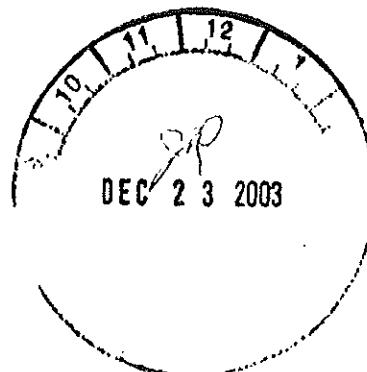
54

***** UTMB REGIONAL - CHEMISTRY *****

12/19/03 0455

Na	144	MMOL/L	135-145
K	3.0	MMOL/L	3.5-5.0
CL	107	MMOL/L	79-108
CO2	39	MMOL/L	22-31
BGAP	8		2-16
GLUCOSE	95	MG/DL	70-110
BUN	19	MG/DL	7-23
OSMOLALITY	288	MOSM/L	
CREATININE	0.74	MG/DL	0.70-1.70
BUN/CREAT	25.7		
CALCTUM	9.6	MG/DL	8.5-10.6
PHOSPHORUS	3.9	MG/DL	2.5-5.0
MILK PHOS	94	U/L	34-122
AST (SGOT)	15	U/L	13-40
ALT (SGPT)	22	U/L	0-51
GOT	16	U/L	13-58
LCH	226	U/L	180-600
TOTAL BILI	3.6	MG/DL	0.1-1.1
TOTAL PROT	7.5	G/DL	6.3-8.0
ALBUMIN	3.9	G/DL	3.2-5.2
MAGNESIUM	1.8	MG/DL	1.7-2.4
TSH	2.35	uIU/ML	0.40-4.70

A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.



CONTINUED

PRINT DATE: 12/22/03 11:51:51

OTHER ID:

PAGE: 4

patient name: JESSICA, RANDY
 patient account: 0086648-372
 lab. Ref. No: 009201105533R
 Date: 12/08/03 Test: W-Bacet
 inititing Dr: HARRY
 Referring Dr: HARRY
 It to Physician:
 Location: 60C-SKYVIEW UNIT

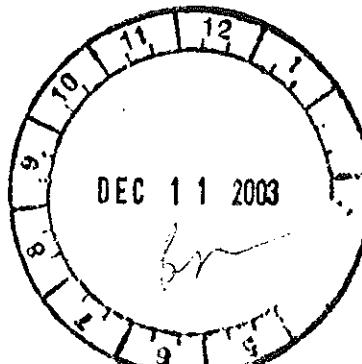
UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
 UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-6896 EXT:3804

 UTMB GALVESTON - SPECIAL CHEMISTRY

FOLATE 3ER	12/08/03 0545	12.5 H	NG/ML	1.5-12.0
VIT B12	379		PG/ML	120-914



PRINT DATE: 12/11/03 11:42:01
 OTHER ID:

Specimen Date: 12/08/03
 Client Account: 1-886824-143
 Ind. Ref. No: 102011035288
 Spec. ID: 1035288
 Referring Dr: DR HARRY
 Ref. Dr: DR HARRY
 At to Physician:
 Location: TDCJ-KYVIEW UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
------------------	----------------	-----------------------	-------	-----------------

UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-6896 EXT:2804

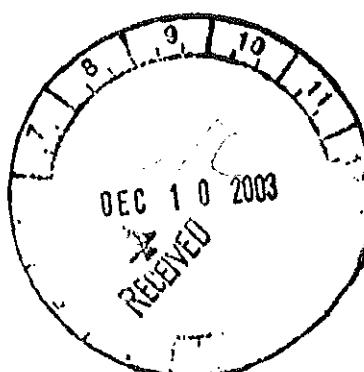
SDS

UTMB REGIONAL - CHEMISTRY

12/08/03 0545

Na	14		MMOL/L	135-145
K	4.1		MMOL/L	3.5-5.0
CL		109 H	MMOL/L	98-108
CO2	23		MMOL/L	23-31
URAP	7			2-16
GLUCOSE	91		MG/DL	70-110
BUN	18		MG/DL	7-23
SEMOALALITY	128		MG/ML	
CREATININE	0.70		MG/DL	0.70-1.70
BUN/CREAT	13.7			
CALCIUM	9.3		MG/DL	9.6-10.6
PHOSPHORUS	3.5		MG/DL	2.5-5.0
URIC ACID	5.2		MG/DL	3.6-8.3
ALK PHOS	73		U/L	54-122
GST (SGOT)	15		U/L	13-40
GLT (SGPT)	16		U/L	2-51
EGT	14		U/L	13-58
TSH	229		U/L	100-600
TOTAL BILI	3.4		MG/DL	1.1-1.1
TOTAL PROT	5.9		G/DL	6.0-8.3
ALBUMIN	3.5		G/DL	3.2-5.2
MAGNESIUM	1.8		MG/DL	1.7-2.4
TSH	1.69		uIU/ML	1.49-4.70

A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.



PRINT DATE: 10/17/03 11:51:52
 OTHER #: 1

Send:
 High
 REPORT

Street Name: 1000 FM 3478
 Client Account: 1206824-1-9
 Tel. No.: (800) 91105530R
 Date: 10/08/03 Rec'd: 10/08/03
 Referring Dr: J. HARRIS
 Referring Dr: J. HARRIS
 Attn to Physician:
 Location: FCC-SKYVIEW UNIT

UTMB LABORATORIES
 The University of Texas Medical Branch
 Galveston, Texas 77555-0743
 Telephone Number: (800) LAB-2266
 UTMB/TDCJ Regional Medical Facility Laboratory
 Estelle Unit, 264 FM 3478
 Huntsville, Texas 77320
 Telephone Number: (936) 291-6896 X3804

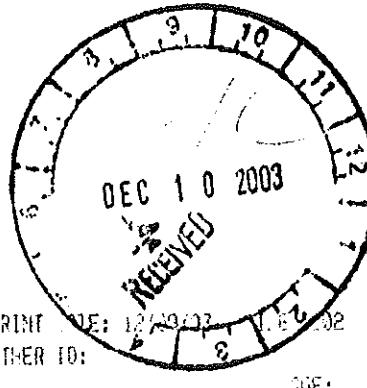
Test Description **Normal Results** **Abnormal Results/Flag** **Units** **Reference Range**

UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4280 EXT:3804

 UTMB REGIONAL - HEMATOLOGY

10/08/03 0545

WBCx10 ³	6.6	/CM ³	4.5-10.5
RBCx10 ⁶	3.89	/CM ³	3.25-5.65
GB	13.9	G/DL	13.5-17.0
HCT	31.1	%	37.0-50.0
HCV	26.7	FL	22.0-97.0
HCH	32.7	PG	27.0-33.0
HCHC	33.8	%	31.0-36.2
RDW	14.7 H	%	11.0-14.1
PLTx10 ³	167	/CM ³	150-400
MPV	11.6 H	FL	7.8-11.2
GRAN%	39.3	%	15.0-79.0
LYMPH%	42.4	%	10.0-51.0
MONO%	5.3	%	1.0-12.0
EOS%	1.7	%	0.0-6.0
BAEO%	0.3	%	0.0-2.0
GRAN#x10 ³	3.3	/CM ³	2.1-7.4
LYMP#x10 ³	2.8	/CM ³	1.3-4.4
MONO#x10 ³	0.4	/CM ³	0.2-0.9
EOS#x10 ³	0.1	/CM ³	0.0-0.4
BAEO#x10 ³	0.3	/CM ³	0.0-0.2



Legend:
 H = High

CONTINUED

MHS B-1 Attachment 8

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCullum, Larry TDCJ # 1105538 Facility Skyview

1. I, The undersigned authorize Dr./Ms./Mr. Jennings and his/her designated assistants to administer (treatment/assessment) group and/or individual therapy to me and continue such treatment as medically necessary.
2. I understand that this treatment/assessment consists of (full description of treatment): individual and/or group therapy as outlined on treatment plan
3. I understand that the benefits of treatment/assessment include gaining knowledge about mental illness and medications, increase insight and coping skills.
4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks): limits of confidentiality (group setting, chart notes) Emotional nature of therapy. Demotion in function level if group refused
5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives): individual therapy only, or discharge to UOA if non-compliant with treatment

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCullum
PRINTED NAME OF PATIENT

Larry McCullum
PATIENT SIGNATURE

12-16-03
DATE

K. Jennings, MA, SP
PRINTED NAME OF MENTAL HEALTH PROVIDER

K. Jennings, MA, SP
PROVIDER SIGNATURE

12-16-03
DATE

MHS B-1 Attachment B

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

103

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCollum, Larry Gene TDCJ # 1105538 Facility Skyview

1. I, Larry McCollum authorize ~~Mr.~~ Mr. Charles Junkin LPC and his/her designated assistants to administer (treatment/assessment) individual and group psychotherapy to me and continue such treatment as medically necessary.
2. I understand that this treatment/assessment consists of (full description of treatment):
Counseling, psychoeducational groups, and/or psychotherapy
3. I understand that the benefits of treatment/assessment include reduction of symptoms.
4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):
no change in symptoms and violation of confidentiality by group members
5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):
return to unit of assignment for outpatient treatment

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry Gene McCollum
PRINTED NAME OF PATIENT

Larry McCollum
PATIENT SIGNATURE

12.15.2003
DATE

Charles Junkin MA LPC SP
PRINTED NAME OF MENTAL HEALTH PROVIDER

Charles Junkin MA LPC SP
PROVIDER SIGNATURE

12.15.2003
DATE

MHS B-1 Attachment B

103
University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCullum, Larry TDCJ # 1105538 Facility SV

1. I, (undersigned), authorize Dr./Ms. Mr. J. Tedder and his/her designated assistants to administer (treatment/assessment) Individual or Group Therapy to me and continue such treatment as medically necessary.
2. I understand that this treatment/assessment consists of (full description of treatment):
Increased adaptive functioning & coping skills.
3. I understand that the benefits of treatment/assessment include Decreased anxiety.
4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):
Potential breach of confidentiality.
5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):
Other appropriate groups.

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCullum
PRINTED NAME OF PATIENT

Larry McCullum 12/15/03
PATIENT SIGNATURE

12-15-03
DATE

J. Tedder, MHL
PRINTED NAME OF MENTAL HEALTH PROVIDER

J. Tedder
PROVIDER SIGNATURE

12-15-03
DATE

MHS B-1 Attachment B

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCollum, Larry, TDCJ # 1105538 Facility SKYVIEW

1. I, the undersigned authorize Ms. M. SLEDGE and his/her designated assistants to administer (treatment/assessment) individual and/or group psychotherapy to me and continue such treatment as medically necessary.
2. I understand that this treatment/assessment consists of (full description of treatment):
Group and individual psychotherapy per my Individual Treatment Plan (ITP)
3. I understand that the benefits of treatment/assessment include increased stability & knowledge of MH illness
4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):
Possible lack of confidentiality in a group setting
5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):
Individual psychotherapy only and/or possible discharge to outpatient care

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum
PRINTED NAME OF PATIENT

Larry McCollum 12-15-03
PATIENT SIGNATURE DATE

MKT SLEDGE, BA, MHT
PRINTED NAME OF MENTAL HEALTH PROVIDER

M. Sledge, MHT 12/15/03
PROVIDER SIGNATURE DATE

UNIVERSITY OF TEXAS MEDICAL BRANCH-CORRECTIONAL MANAGED CARE
MENTAL HEALTH SERVICES

VOLUNTARY APPROVAL OF ADMISSION TO AN INPATIENT MENTAL HEALTH FACILITY

I, Michael Mc Collum (patient name) voluntarily approve of my admission to a mental health inpatient facility within the Texas Department of Criminal Justice.

I understand that giving my consent to be admitted to the mental health facility does not imply that I am consenting to any specific treatment(s).

verbally consented

Patient Signature

1105538

TDCJ #

12-3-8

Date

Patient consents to admission but is unable to sign.

Bill Barry, M.D., D.P.M.H.I.P.
Witness

Patient refuses to sign

Witness

Patient is currently incapable of making an informed decision

Witness